

## DEPARTMENT OF ENERGY AND NATURAL RESOURCES (DENR) QUARTERLY BUILDING INSPECTION FORM

### I. GENERAL INFORMATION

Inspector's Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Applicable Fiscal Year: FY \_\_\_\_\_

Inspection Quarter:  1<sup>st</sup> Quarter (7/1 – 9/30)  2<sup>nd</sup> Quarter (10/1 – 12/31)  
 3<sup>rd</sup> Quarter (1/1 – 3/31)  4<sup>th</sup> Quarter (4/1 – 6/30)

Inspected Building –  
Floor(s):

**Office of the Secretary**

LaSalle – 12<sup>th</sup> Floor South  LaSalle – 12<sup>th</sup> Floor North

**Office of Conservation**

LaSalle – 9<sup>th</sup> Floor South  LaSalle – 9<sup>th</sup> Floor North

LaSalle – 8<sup>th</sup> Floor South

Field Office

**Office of Mineral Resources**

LaSalle – 8<sup>th</sup> Floor North

Houston Office Floors/Suite: \_\_\_\_\_

**Office of Coastal Management**

LaSalle – 10<sup>th</sup> Floor

Houma Office Floors/Suite: \_\_\_\_\_

### II. AREAS OF INSPECTION

Having specifically inspected the building/floor indicated above, please find the following inspection results.

#### A. FIRE SAFETY AND EMERGENCY EQUIPMENT

	Item	Yes	No	N/A
1.	Are fire extinguishers in the building/floor inspected: <ul style="list-style-type: none"> <li>Visible and accessible?</li> <li>Fully charged? (<i>Check for needle in the green</i>)</li> <li>Secure with pin in place?</li> <li>Tagged with month/year hole punches less than 1 year old?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are all exits marked with exit signs and illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are evacuation plans posted near doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are all doors and hallways leading to an exit free to access with no possibility of being locked in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are exit routes kept free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do exit doors open outwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do fire and exit doors close and latch properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has a fire/evacuation drill been conducted within the previous year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are first aid kits: ( <i>Located in break room for LaSalle building floors</i> ) <ul style="list-style-type: none"> <li>Visible and accessible?</li> <li>Stocked?</li> <li>Supplies have current expiration dates?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are Blood Borne Pathogens (BBP) spill kits: ( <i>Located in break room for LaSalle building floors</i> ) <ul style="list-style-type: none"> <li>Visible and accessible?</li> <li>Stocked?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is there at least 18" clearance for all sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have all boxes, paper or other combustible items been properly stored, so as to prevent a fire hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. BUILDING AND OFFICE SAFETY**

	Item	Yes	No	N/A
1.	Flooring (and transitions from one type of flooring to another such as carpet to tile) are in good condition, so as to prevent any slip/trip/fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the building/floor inspected well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are stairways in good condition with handrails in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the building/floor inspected free from pest problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are ceiling tiles in place and in good condition in the building/floor inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the building have a properly functioning security system (i.e., badging, keys, etc.) to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are windows in the building/floor inspected sealed and free of broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the building/floor inspected free of any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the plumbing system in the building/floor inspected appear to be working properly? (i.e., toilets flush, sinks drain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have the Safety Rules been posted in a common area of the building/floor inspected? (Can be electronically accessed/printed via <a href="http://www.dnr.louisiana.gov/ForEmployees/DENR_Loss_Prevention_Program/SafetyRules">www.dnr.louisiana.gov/ForEmployees/DENR Loss Prevention Program/SafetyRules</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have safety concerns (submitted to you by employees in building/floor or personally observed by you) been reported by email to the Safety Coordinator and Assistant Coordinator? (Email is used in lieu of hazard control log)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. ELECTRICAL SAFETY AND STORAGE METHODS**

	Item	Yes	No	N/A
1.	Are the main electrical systems of the building/floor inspected (such as breaker and panel boxes) secure, so as to restrict access to building maintenance personnel only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are extension cords in the building/floor inspected, if used: <ul style="list-style-type: none"> <li>• Properly grounded (i.e., not plugged into another extension cord)?</li> <li>• Placed in a manner so as to prevent tripping?</li> <li>• Free from damage or fraying?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are outlets and switches in the building/floor inspected properly covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are storage areas in the building/floor inspected: <ul style="list-style-type: none"> <li>• Properly stacked with heavier items stored no higher than shoulder height?</li> <li>• Free of boxes/items stored, or overhanging, the top of shelving units?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are the custodial areas of the building/floor inspected (and any chemicals related thereto) secure, so as to restrict access to custodial personnel only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. BUILDING SAFETY ISSUES**

For any "No" responses, identify the specific item number (such as A.3.) and further explain the safety issue/concern. Attach a separate sheet if additional space is needed.

Item No.	Safety Issue/Concern

Upon completion, scan/email inspection form to Safety Coordinator and Assistant Coordinator. Retain a copy for your file.

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date