



GENERAL GROUNDS

Inspector Name: _____ Date: _____

Inspector Signature: _____

| PHYSICAL | | |
|------------------------------|--|---|
| Concessions and Dining Areas | | |
| 1 | Are all walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are all counters, fixtures, tables and chairs, and other equipment in good repair and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are the areas appropriately lit to provide adequate visibility for facility patrons and employees, and is all lighting functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is emergency lighting present and functional (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are areas clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Do ingress and egress routes provide safe pedestrian traffic flow and are they clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Is exit signage highly visible and properly illuminated (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are there fully-charged fire extinguishers located throughout the areas, highly visible, and easily recognizable with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Are fire alarm, detection, and suppression systems present and functional where necessary? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are condiment and serving counters, devices, and utensils clean? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Is signage posted regarding the facility's alcohol serving policies? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|---------------------------------|--|---|
| Facility Entrance and Ticketing | | |
| 1 | Are safety, warning, and instructional signs in place, highly visible, in good repair, and do they note exposures to risks and restrictions? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are all counters, displays, and other equipment in good repair and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Are the areas appropriately lit to provide adequate visibility for facility patrons and employees with all lighting functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Is emergency lighting present and functional where necessary? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are all areas clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Do ingress and egress routes provide safe pedestrian traffic flow, and are they clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Is exit signage highly visible and properly illuminated (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Is a public address system in place, and does it provide coverage so patrons can effectively hear the facility rules and safety procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are fully-charged fire extinguishers located throughout the areas, highly visible, and easily recognizable with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are guardrails, handrails, and other barriers in place, free of laceration exposures, and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|------------------------------|---|---|
| Food Preparation and Storage | | |
| 1 | Are all counters, tables, and other equipment in good repair, with appropriate guards in place, and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Is proper sanitation and housekeeping maintained in food preparation and storage areas? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Is the appropriate life safety equipment in place and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are the appropriate fire detection and suppression systems, including portable fire extinguishers, present and functional with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are fully-charged fire extinguishers with updated service and inspection tags located at portable concession stands where grilling or frying takes place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Are CO2 and other compressed gas cylinders appropriately stored and chained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are flooring and walking surfaces in good condition and free of slip, trip, and fall exposures; are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are areas appropriately lit to provide adequate visibility for facility patrons and employees, and is all lighting functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Do ingress and egress routes provide safe pedestrian traffic flow and are they clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Are "Hand Washing" and other instructional signs in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Does the hot water work at all sink areas? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are "Employee Only/Restricted" areas properly labeled and secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17 | Are items <i>not</i> stored within 18" of sprinkler heads? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 18 | Is there a 30-inch clearance in front and around all electrical panels and transformers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 19 | Is a 30-inch egress path maintained for emergency evacuation, and are emergency egress walkways and doorways unobstructed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 20 | Is mold evident in the ice makers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 21 | Are ice scoops stored outside of the ice makers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|---|---|---|
| Food Preparation and Storage (cont.) | | |
| 22 | Are food items stored at least 6 inches off the ground? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 23 | Are food items stored within the proper temperature ranges? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 24 | Are chemicals stored above food? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Lockers | | |
| 1 | Are all lockers in good repair and secured properly to prevent tipping? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are the areas appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is emergency lighting present and functional (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are the locker areas clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Do ingress and egress routes provide safe pedestrian traffic flow, and are they clearly marked (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are fully-charged fire extinguishers located throughout the area, highly visible, and easily recognizable with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are fire alarms and detection systems present and functional (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|-------------------------------|---|---|
| Maintenance and Support Areas | | |
| 1 | Are electrical panel boxes and high voltage areas properly labeled and secured with all safety shields in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are chemical locations labeled with the appropriate National Fire Protection Agency (NFPA) placard? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all chemicals properly stored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are fully-charged fire extinguishers located throughout the area, highly visible, and easily recognizable with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are entrance points to maintenance areas properly locked and labeled with restricted access signage in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is there a 30-inch clearance in front and around all electrical panels? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Is a 30-inch egress path maintained for emergency evacuation, and are emergency egress walkways and doorways unobstructed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Are emergency eye wash stations in good working condition and placed appropriately with inspection tags in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are flammable items properly stored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Is the appropriate life safety equipment in place and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Are walking surfaces in good condition and free of slip, trip, and fall exposures, and are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are all transitional areas marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are maintenance and support areas appropriately lit to provide adequate visibility for employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17 | Are acceptable housekeeping practices maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 18 | Is appropriate machine guarding in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 19 | Are ladders maintained with their feet intact? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 20 | Is MSDS information readily accessible to employees in work areas? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 21 | Are lockout-tagout devices readily available? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 22 | Are items <i>not</i> stored within 18" of sprinkler heads? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|--|---|---|
| Maintenance and Support Areas (cont.) | | |
| 23 | Is personal protective equipment (PPE) available and in good repair for use by those that handle chemicals and any other hazardous materials or environments? List the available PPE: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | a) Hand protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | b) Eye protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | c) Face and/or head protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | d) Hearing protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | e) Respiratory protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | f) Fall arrest system | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | g) Foot protection | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 24 | Are there any potential "Confined Spaces" in the maintenance and support areas? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 25 | Are confined spaces appropriately labeled? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|---------------------|---|---|
| Merchandise Outlets | | |
| 1 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are all counters, fixtures, displays, partitions, and other equipment in good repair and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are merchandise areas appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is emergency lighting present and functional (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are the merchandise areas clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Do ingress and egress routes provide safe pedestrian traffic flow, and are they clearly marked (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Is exit signage highly visible and properly illuminated (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are fully-charged fire extinguishers located throughout the area, highly visible, and easily recognizable with updated service and inspection tags? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Is heavy merchandise kept on lower shelves? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are breakable items and items that pose choking hazards kept out of the reach of children? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are fire alarms and detection systems present and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17 | Is there a 30-inch clearance in front and around all electrical panels and transformers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 18 | Are items <i>not</i> stored within 18" of sprinkler heads? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|----------|--|---|
| Offices | | |
| 1 | Are offices designed to provide adequate egress (30-inch walkways) and emergency egress is not blocked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are offices clean and orderly with proper housekeeping practices maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are fully-charged fire extinguishers located throughout the area, highly visible, and have updated service tags in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are fire detection, fire suppression, and life safety systems in place and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are emergency lighting and illuminated emergency exit signs in place and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Are evacuation routes posted? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are space heaters and other portable electric devices <i>not</i> permitted and <i>not</i> in use? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Is office equipment free of any laceration exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are items <i>not</i> stored within 18 inches of sprinkler heads? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Are items stored at hip level? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Is there a 30-inch clear space in front of and around electrical panels and transformers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are restricted areas labeled and locked to prevent guest access? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|---|--|---|
| Parking Lot and Exterior Grounds | | |
| 1 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are slip-resistant materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are the leading edges of stairs highlighted? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are parking lot and exterior ground areas appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Are parking lot and exterior ground areas clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are vehicle entrances and exits clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are traffic lanes and parking spaces clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Is the speed limit clearly posted throughout the parking lot? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are stop bars painted in a contrasting color located at the ends of the parking aiseways? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Is traffic control signage highly visible and in good repair? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Are parking spaces for persons living with disabilities clearly marked with signs and pavement markings? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Is the parking lot surface in good condition with minimal defects? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Are designated vehicle and pedestrian lanes delineated? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Are ingress and egress routes for emergency vehicles clearly identified and unobstructed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are designated fire and other no parking zones clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17 | Is safety and rule signage highly visible, in good repair, appropriately placed, and does it note exposures to risks and restricted items? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 18 | Is the facility's parking perimeter gated and secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 19 | Is fencing (where provided) complete, continuous, and in good condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 20 | Are barriers in place to protect key facility components from damage due to vehicle impact? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|--|--|---|
| Parking Lot and Exterior Grounds (cont.) | | |
| 21 | Are barriers in place to maintain vehicles at an appropriate distance from buildings, entryways, and gathering points? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 22 | Are guardrails, handrails, and other barriers in place where appropriate, in good repair, and properly secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 23 | Are appropriate measures taken for snow and ice removal to maintain a drivable road surface and walkways? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 24 | Are fire hydrants, utility shutoffs and controls, and fire department sprinkler connections identified, unobstructed, and maintained free and clear of vehicles, snow, ice, and plowed snow? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 25 | Are landscaped surfaces well-maintained and free from slip, trip and fall, as well as other types of exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

| PHYSICAL | | |
|-------------|--|---|
| Party Rooms | | |
| 1 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all counters, fixtures, furniture, and other equipment in good repair and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are party rooms appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are party rooms clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is emergency lighting present and functional (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Is exit signage highly visible and properly illuminated (where applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Is the electrical wiring on cords undamaged, and are exposures prevented to shock or electrocution hazards for the guests and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are electrical cords appropriately secured to reduce trip and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are extension cords <i>not</i> used as a substitute for permanent wiring? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|-----------|--|---|
| Restrooms | | |
| 1 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are all counters, fixtures, and partitions in good repair and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are handrails in place where appropriate and properly secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Is heat insulation padding installed on exposed drain pipes underneath open counters? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Are mirrors secured and in good repair? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are guards and decals present on hand-dryers and anchored properly? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are paper towel dispensers present near the sinks? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Are janitorial closets locked and restricted to guest access? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 11 | Are restrooms appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 12 | Is emergency lighting present and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 13 | Are the restrooms clean and free of trash, debris, clutter, and standing water? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 14 | Do ingress and egress routes provide safe pedestrian traffic flow, and are they clearly marked? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 15 | Is exit signage highly visible and properly illuminated? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 16 | Are fire alarms and detection systems present and functional? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 17 | Are baby changing stations, tables, and surfaces in good repair, clean, and securely anchored? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 18 | Is a cleaning schedule posted and maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 19 | Are the appropriate electrical outlets GFI-protected and in good repair? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

GENERAL GROUNDS

(cont.)

| PHYSICAL | | |
|----------|---|---|
| Walkways | | |
| 1 | Are walking surfaces in good condition and free of slip, trip, and fall exposures? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2 | Are nonslip materials placed where appropriate? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Are all transitional areas clearly marked with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Are stair-leading edges highlighted with a contrasting color? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Are walkways appropriately lit to provide adequate visibility for facility patrons and employees, and are all lights functioning? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Are walkways clean and free of trash, debris, and clutter? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7 | Is "No Running" signage posted appropriately? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Are elevated walkways and bridges in good condition and well-maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | a) Are guardrails, handrails, and other barriers in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | b) Are cross bracings and other load-bearing components installed appropriately? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | c) Is access to areas underneath the elevated walkways and bridges restricted (e.g., facility personnel only)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | d) Are areas underneath elevated walkways and bridges clean and free of trash, debris, and clutter, and are the footers exposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | e) Are annual inspections performed and documented by a registered engineer or bridge inspector who is licensed in the state where the facility is located? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | f) For concrete structures, is evidence of cracking visible on or under the bridge deck, including the columns? Are signs of leaching or rust stains evident underneath the bridge deck? Is appreciable evidence of rust or deterioration on any hardware used to connect columns to the bridge deck (if applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | g) For wood structures, are all deck members in good to excellent condition? Does all piling and cross bracing show little evidence of water damage or rotting? Does all piling-to-footer connection hardware have any appreciable evidence of rust or deterioration (if applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | h) For steel structures, are all connections tightened per manufacturer specifications? Are all components free of rust, corrosion, and deterioration? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | i) Are buried footers exposed? Is scour protection in place around footers that are exposed to high velocity flows or areas that show obvious signs of erosion near the footers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Are guardrails, handrails, and other protective barriers in place, in good repair, and properly secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

GENERAL GROUNDS

(cont.)

Comments: _____
