



Platform Safety Inspection Checklist

General Facility Condition

Overall assessment of the facility's physical state and immediate safety concerns.

Overall Condition Rating (1-5, 1=Poor, 5=Excellent)

Enter a number...

Describe any immediately noticeable safety hazards or concerns.

Write something...

Are any of the following conditions present? (Check all that apply)

- ☐ Evidence of Water Damage
- ☐ Unsecured Items/Debris
- ☐ Poor Lighting
- ☐ Unpleasant Odors
- ☐ Signs of Pests/Infestation
- ☐ None of the Above

Is the facility generally clean and well-maintained?

- ☐ Yes
- ☐ No
- ☐ Partially

Record Location of any significant observations (e.g., leaks, damage)

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Date of Last General Cleaning

Enter date...

Notes on visible damage to walls, floors or ceilings

Write something...

Structural Integrity

Evaluation of building components for signs of damage or deterioration.

Cracks in Concrete - Maximum Width (inches)

Enter a number...

Evidence of Water Intrusion?

- ☐ None
- ☐ Minor Staining
- ☐ Active Leak
- ☐ Extensive Damage

Location of any Visible Structural Damage

 [Set My Current Location](#)



Detailed Description of any Structural Concerns Observed

Write something...

Deflection/Sag of Roof or Floor (inches)

Enter a number...

Condition of Exterior Walls

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Last Structural Inspection Date

Enter date...

Fire Safety Systems

Inspection of fire detection, suppression, and evacuation systems.

Last Fire Extinguisher Inspection Date

Enter date...

Number of Fire Extinguishers Present

Enter a number...

Fire Alarm System Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Under Maintenance

Sprinkler System Status

- ☐ Operational
- ☐ Partially Operational
- ☐ Non-Functional

Number of Emergency Exit Lights Functional

Enter a number...

Location of Fire Control Panel

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Any Observed Fire Safety Issues (Describe)

Write something...

Smoke Detectors Tested

- ☐ Yes
- ☐ No
- ☐ N/A

Electrical Systems

Assessment of electrical equipment, wiring, and safety measures.

Voltage Level (V)

Condition of Wiring (Visible)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Deficiencies Identified (Check all that apply)

- ☐ Exposed Wiring
- ☐ Damaged Outlets/Switches
- ☐ Overloaded Circuits
- ☐ Missing/Damaged Grounding
- ☐ None

Number of Exposed Wires

Last Electrical Panel Inspection Date

Enter date...

Notes/Comments Regarding Electrical System

Write something...

Mechanical Systems

Inspection of HVAC, plumbing, and other mechanical equipment.

HVAC Filter Change Date

Enter a number...

HVAC System Pressure (PSI)

Enter a number...

Pump Noise Level (Describe)

- ☐ Normal
- ☐ Slightly Elevated
- ☐ Excessive

Leaks Observed?

- ☐ Water
- ☐ Refrigerant
- ☐ Oil
- ☐ None Observed

Detailed Description of any Mechanical Issues Found

Write something...


Last Preventative Maintenance Performed (HVAC)

Enter date...

Condition of Belts (HVAC & Pumps)

- ☐ Good
- ☐ Fair
- ☐ Poor - Recommend Replacement

Attach Image/Video of Mechanical System Concern

 Upload File

Accessibility & Egress

Verification of compliance with accessibility standards and clear evacuation routes.

Are emergency exit signs clearly visible and illuminated?

- ☐ Yes
- ☐ No
- ☐ N/A

Are exit pathways free of obstructions?

- ☐ Yes
- ☐ No
- ☐ N/A

Width of the narrowest accessible route (in inches)

Enter a number...

Are ramps compliant with slope requirements?

- ☐ Yes
- ☐ No
- ☐ N/A

Describe any accessibility or egress issues observed.

Write something...

Are accessible restrooms properly signed and functional?

- ☐ Yes
- ☐ No
- ☐ N/A

Date of last accessible route inspection

Enter date...

Hazardous Materials

Identification and management of potential hazardous substances.

Identify types of hazardous materials present (check all that apply)

- ☐ Asbestos
- ☐ Lead-Based Paint
- ☐ Mercury
- ☐ Chemicals (specify in LONG_TEXT)
- ☐ Radioactive Materials
- ☐ Other (specify in LONG_TEXT)

If 'Chemicals' were selected, specify the types and quantities of chemicals present.

Write something...

Quantity of Asbestos-Containing Material (ACM) present (in linear feet or square feet)

Enter a number...

Date of last hazardous materials survey or assessment.

Enter date...

Describe any containment or control measures in place for hazardous materials.

Write something...

Is there a current Hazardous Materials Management Plan?

☐ Yes

☐ No

☐ N/A

Upload copy of Hazardous Materials Management Plan (if applicable).

 Upload File

Mark locations of major hazardous material storage areas on facility map.

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Describe any incidents or near misses involving hazardous materials in the past year.

Write something...

Security & Access Control

Assessment of security measures and controlled access points.

Are exterior doors equipped with functioning locks?

☐ Yes

☐ No

☐ N/A

Which access control systems are in use?

☐ Keycard Access

☐ PIN Code Access

☐ Biometric Scan

☐ Manual Key Access

☐ None

Are security cameras functioning correctly?

☐ Yes

☐ No

☐ Partial Functionality

Number of unauthorized access attempts logged in the past month:

Enter a number...

Describe any security vulnerabilities observed:

Write something...

Are visitor logs being maintained?

☐ Yes

☐ No

☐ N/A

Location of Security Control Room

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Environmental Considerations

Review of practices related to environmental safety and sustainability.

Water Usage (monthly)

Enter a number...

Waste Volume (monthly, in cubic yards)

Enter a number...

Chemical Storage Practices

- ☐ Compliant with regulations
- ☐ Minor deviations
- ☐ Significant concerns

Recycling Programs in Place?

- ☐ Paper
- ☐ Plastic
- ☐ Glass
- ☐ Aluminum
- ☐ Organic Waste

Details of any spills or leaks reported this period (if applicable)

Write something...

Date of last environmental compliance audit

Enter date...

Compliance with local noise ordinances

- ☐ Compliant
- ☐ Minor deviations
- ☐ Significant concerns

Documentation & Records

Verification of proper documentation and records related to safety inspections and maintenance.

Date of Last Safety Inspection

Enter date...

Date of Last Fire Safety Inspection

Enter date...

Number of Safety Inspection Reports Maintained

Enter a number...

Summary of Findings from Previous Inspection

Write something...

Upload Copies of Relevant Safety Permits

 Upload File

Are inspection records readily accessible?

☐ Yes

☐ No

Which of the following records are kept on site?

☐ Fire Safety Plan

☐ Electrical Inspection Reports

☐ Hazardous Materials Inventory

☐ Maintenance Logs

☐ Emergency Contact List

Name of Person Responsible for Maintaining Records

Write something...

Signature of Person Reviewing Records