

# MONTHLY BASE SAFETY INSPECTION REPORT

Please fill out Monthly Base Safety Inspection Report Form completely. All completed forms should be faxed to the **Risk Manager** at **614-734-8084** by the 10<sup>th</sup> of the month for processing and follow up. If any item is marked "NO", please note why in the comments section.

Date of Report: \_\_\_\_\_

Report Completed by: \_\_\_\_\_ Base \_\_\_\_\_

Faxed to Risk Manager: Y/N Copy to Regional Base Director: Y/N

Copy to Base Lead Pilot (RW bases) Y/N

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### IF CRITERIA IS NOT APPLICABLE, WRITE NA

	<b>GENERAL BASE</b>		
	Audit Item	YES	NO
1.	Base walkways, driveways clear of safety hazards? i.e. ice, holes, etc.		
2.	Base security lights in parking lots, entry ways, etc., functional?		
3.	Base doors, locks in good functioning order and free of debris or obstruction?		
4.	Base steps clear of debris, water, ice, handrails in good condition?		
5.	Base fire extinguishers up to date and operational? Check inspection date, make sure that pin is in place and secured with break away tab., etc. Check that extinguisher bracket is intact and not damaged.		
6.	Oxygen tank room clear of oils & combustible materials? Is there proper signage?		
7.	Oxygen tanks secured by racks or safety chains?		
8.	Safety glasses provided for oxygen refilling?		
9.	Base free of any electrical hazards, i.e. outlets, cords, lights? (GC 049)		
10.	Test base smoke/CO detectors, weather radios - batteries OK, batteries changed March and October? Detectors –radio operational?		
11.	Are base emergency/fire/tornado evacuation plans up to date and clearly posted?		
12.	Are Labor Law posters (OSHA, BWC, FMLA, etc) clearly posted?		
13.	Are sanitizing wipe/hand sanitizer available at all common work stations?		
14.	Are disposable eye wash fluid bottles at Eye Wash Station up to date? Seal unbroken? If reservoir type station, has it been inspected at least monthly?		
15.	Is the Battery Recycling Bucket in a cool, dry place away from flammable materials and heat sources? Are all batteries in the Battery Recycling Bucket in plastics bags, or if not are the terminals covered with electric tape?		

	<b>GENERAL BASE</b>		
	Audit Item	YES	NO
16.	Are spill kits easily accessible and free of debris? Is the seal unbroken if applicable?		
17.	Are all flammables stored in an approved flammable cabinet? Is fuel stored in an approved metal container?		
18.	Are adequate number of flashlights available? Are batteries in place and flashlights function properly? (Bases should not have any candles on the premises for any purposes).		
19.	Are all panels, hatches and covers intact for all heating devices? Is any combustible material stored within three feet of any heating device (hot water tank or furnace)? Are interior electrical access panels free of obstruction and kept closed?		
20.	Are the Most current Safety Committee minutes and Safety Matters Newsletter posted on the Safety Clipboard?		
21.	Is the base propane tank level above 40%. If no, propane vendor to be notified by appropriate base representative that a refill is needed.		
22.	Any other potential hazards? (If <b>yes</b> , please document in comments section at the end of this form).		
23.	Are there any items in the Safety box?		
	<b>HELIPORT/PARKING RAMP/FUELING</b>		
1.	Heliport free of paper, debris, FOD (Foreign Object Damage)?		
2.	Heliport surface clear of safety hazards (i.e. cracks, ice, excessive water, raised areas)?		
3.	Heliport shore lines power operational and with G.F.I. receptacles?		
4.	Heliport shore lines operational and free of exposed wires or electrical hazards?		
5.	Safety placards posted and legible?		
6.	Perimeter fencing/gates intact and secure?		
7.	Fire extinguishers/suppression systems inspected and operational?		
8.	Refueling system secure and free of fuel spills?		
9.	Fueling ground wires in good operational condition?		
10.	Safety glasses/hearing protection provided?		
11.	Is the wind direction detection (windsock) lighting system operational?		
12.	Any other potential safety hazards (If <b>yes</b> , please document in the comments section at the end of this form).		
	<b>AIRCRAFT</b>		
1.	Shore line power outlets operational?		
2.	Fire extinguishers inspected and operational? Check inspection date, make sure that pin is in place and secured with break away tab., etc		
3.	Any other potential safety hazards (If yes, please document in the comments section at the end of this form).		
4.	Cot system, inspected for broken, missing, or loose parts? <b>(Aviation Vendor checks monthly)</b>		
5.	Belt straps, inspected in good operational condition?		

**MICU - All primary, back-up and bariatric vehicles should be inspected as applicable.  
Rotor – review items for Fly Car that are marked “(including Fly Car)”.**

**Note trucks inspected:** \_\_\_\_\_

	Audit Item	YES	NO
1.	Fire extinguishers inspected and operational? Check inspection date, make sure that pin is in place and secured with break away tab., etc		
2.	Is flashlight charged and working?		
3.	Is the emergency road equipment in good working conditions? (i.e. flares (4), folding shovel, safety triangles (3), kitty litter, jumper cables, and tool kit.)		
4.	Is generator operational? (i.e. check oil level, start and run for 5 minutes.)		
5.	Are oxygen and air systems in good working condition? (i.e. Inspect for frayed or damaged hoses, inspect mounting brackets for security and damage, charge system and listen for leaks.)		
6.	Power cords operational and free of exposed wires or electrical hazards?		
7.	Is area around vehicles clean and free of hazards?		
8.	Are locking devices in good working conditions? (.e. Balloon pump brackets, MICU cot locks helicopter locks.)		
9.	Stretchers, inspected for broken, missing, or loose parts? Inspection Due Date _____		
10.	Belt straps, inspected in good operational condition?		
11.	Vehicle registration date current(including the Fly-car)?		
12.	Are insurance cards in vehicles (including the Fly-car)?		
13.	Test CO detectors. Batteries OK? Detector Operational?		
14.	Are all flammables stored in flammable cabinet? i.e. Engine oils, power steering fluids, etc.		
15.	Has the current mileage of the vehicle been checked (including the Fly-car)?		
16.	Has the “maintenance due” mileage been checked (including the Fly-car)?		
17.	Bariatric Truck if applicable at base. Is the lift gate operational?		

	Comments:		
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