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|  **RA Safety Checklist** |
| RA: Nathanael Winter | Wing: D100a | Date: 01/29/18 | Fire extinguisher in my room is fully charged:  |
| **Room Number****(please list in** **numerical order)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Room Entry Form?** **(“X” if YES)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Door Viewers** |  |
| Repair/Replace(“X” if needs to be fixed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Smoke Detectors** |  |
| Repair/Replace(“X” if needs to be fixed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cords and Appliances** |  |
| Improper Cord(“X” if YES) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Improper Outlet(“X” if YES) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Improper Appliance(“X” if YES) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refrigerator not vented(“X” if YES) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Locks** |  |
| Door Lock(“X” if needs to be fixed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Window Lock(“X” if needs to be fixed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Doors** |  |
| Self Closing(“X” if needs to be fixed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please list all confiscated items and work orders on the back of this form.

I certify that I have completed the above safety checks for my wing. RA NAME – Nathanael Winter

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|  **RA Safety Checklist** |
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| Confiscations |
| Room # | Item(s) confiscated | IR written? |
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| Work Orders |
| Room # | Description of problem in room | Work Order submitted? |
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