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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** | | |
|  | | |
| 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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| Notes | | |
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