

FACILITY AUDIT FORM

SIGNALING SAFETY AUDIT/EVALUATION



Facility Name: _____

Facility Type: _____

Address: _____

Distributor: _____

Safety/Key Contact: _____

Date: _____

Employee Count: _____

Decibel level of facility/ Indicate specific locations if varies: _____

Voltage available for signaling: _____

Types of work environment found in facility:

<input type="checkbox"/> EXPLOSION PROOF	<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> HUMIDITY	<input type="checkbox"/> WET	<input type="checkbox"/> MARINE
<input type="checkbox"/> HAZARDOUS LOCATION	<input type="checkbox"/> HEAT	<input type="checkbox"/> COLD	<input type="checkbox"/> WASHDOWN	<input type="checkbox"/> SAFE AREA

OTHER: _____

Does facility currently have any of the certification requirements listed below, please mark:

IP41	TYPE 1	ABS	IEC	UL FIRE CI D2
IP54	TYPE 3	ATEX	IECEX	UL/CUL DIVISION LISTINGS
IP65	TYPE 3R	CA	INMETRO	UL/CUL ZONE
IP66	TYPE 4X	CSA	MARINE	ULC FIRE CI D2
IP67	TYPE 4X	CSFM	NSF	ZONE LISTED
IP69K		EAC	UL	CUL
		GOST	UL FIRE	CE

OTHER: _____

Does facility require signaling devices that can withstand high-pressure washdowns?

YES

NO

Does facility require non-metallic signaling devices?

YES

NO

Does facility have operational processes that could be better managed using audible/visual signaling solutions?

YES

NO

Does facility currently have a mass notification process in place for the following:

TORNADO	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
GAS LEAK	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

SEVERE WEATHER	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
FIRE	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

ACTIVE SHOOTER	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
ALL CLEAR	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

Does facility currently use any visual signals:

STROBE	<input type="checkbox"/>	YES	LED	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
FLASHING	<input type="checkbox"/>	YES	ROTATING	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO

Does mass notification systems have audible and visual aspects? YES NO

Flash Patterns Used/Desired:

INDICATES: _____

INDICATES: _____

Current colors used for visual signaling/color indicates:

<input type="checkbox"/>	AMBER	_____
<input type="checkbox"/>	RED	_____
<input type="checkbox"/>	BLUE	_____
<input type="checkbox"/>	GREEN	_____
<input type="checkbox"/>	WHITE	_____
<input type="checkbox"/>	MAGENTA	_____
<input type="checkbox"/>	OTHER	_____

Visual Signaling Locations:

FORKLIFTS	<input type="checkbox"/>	YES	DOCK DOOR	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
TYPE USED:	_____		TYPE USED:	_____	
CRANES	<input type="checkbox"/>	YES	CONVEYORS	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
TYPE USED:	_____		TYPE USED:	_____	
EQUIPMENT	<input type="checkbox"/>	YES	EXITS	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
TYPE USED:	_____		TYPE USED:	_____	
ENTRANCES	<input type="checkbox"/>	YES	WALKWAYS	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
TYPE USED:	_____		TYPE USED:	_____	
HAZARDOUS AREAS	<input type="checkbox"/>	YES	CALL POINTS	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO		<input type="checkbox"/>	NO
TYPE USED:	_____		TYPE USED:	_____	

Does facility currently use any audible signals:

YES

NO

TONE INDICATES: _____

TONES USED/DESIRED: _____

MESSAGE USED/DESIRED: _____

Are there any broken audible/visual products?

YES

NO

Interested in upgrading incandescent or strobe to LED?

YES

NO

Controller, PLC, PAGA used today:

Panel indication used today:

Enclosure indication used today:

Notes: _____
