

Monsanto

FROM (NAME & LOCATION) A. H. Conrad - 0-5

DATE	January 17, 1984	cc:	A. Berry
SUBJECT	Fourth Quarter Safety & Housekeeping <u>Inspection - Offices and Services</u>		G. Bostick
REFERENCE			J. Gatewood
			F. Grissom
			B. Hammann
TO :	Penny Johnson		C. McClanahan
	George Pappas		V. Osburn
	Rick Whitehead		H. Robinson

We will conduct our inspection on Tuesday, January 24. The schedule for the inspection is attached. Also attached is a check list that we will use for the inspection and to the inspectors' copy of this memo, the results of the last quarterly inspection.

Please meet me in George Pappas's office on the second floor, Main Office Building, at 8:15 a.m. on Tuesday morning.


A. H. Conrad

lw

Attachments

SC

001575

LAM002778

FOURTH QUARTER SAFETY AND HOUSEKEEPING INSPECTION

OFFICES AND SERVICES

Office Annex	0830 - 0900
Application Building	0900 - 0930
Main Office Building (2nd & 3rd floors)	0930 - 1000
Medical	1000 - 1015
Cafeteria	1015 - 1030
Planning Offices	1030 - 1045
Stores	1045 - 1130
Break	1130 - 1230
Zone IV Maintenance Offices - Laborers - Trucks	1230 - 1245
Fire Station	1245 - 1300
Personnel Building	1300 - 1315
Locker Building	1315 - 1330
Main Gate	1330 - 1345
Zone I Maintenance Building	1345 - 1400
Warehouses A, B, C, F, G	1400 - 1445
Zone II, V, Maintenance Building	1445 - 1515
Preparations of Reports and Ranking	1530 - 1630

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OFFICE WORKERS SAFETY/HOUSEKEEPING CHECK LIST

BUILDING _____

DATE _____ INSPECTOR _____

SAFETY

1.	<u>PERSONAL KNOWLEDGE OF</u>	<u>GOOD</u>	<u>POOR</u>	<u>COMMENTS</u>
	Instructions Points/Wardens	_____	_____	_____
	Where Emergency Exits Are?	_____	_____	_____
	Fire Extinguishers	_____	_____	_____
	(use, location, class)	_____	_____	_____
	When Emergency Alarm Sounds	_____	_____	_____
	What Is The Procedure To Follow?	_____	_____	_____
	Fire & Spill Code Stickers On Phone	_____	_____	_____
2.	<u>PERSONAL SAFETY EQUIPMENT</u>			
	Safety Glasses/Goggles (if appl.)	_____	_____	_____
	Hard Hats (if appl.)	_____	_____	_____
	Closed Toe Shoes (if appl.)	_____	_____	_____
	Emergency Lights	_____	_____	_____
	Exit Signs	_____	_____	_____
3.	<u>SAFETY HAZARDS</u>			
	Opened File Cabinet Drawers	_____	_____	_____
	Unlatched Paper Cutter	_____	_____	_____
	Boxes (too high/obstructing walkway)	_____	_____	_____
	Coffee Spills	_____	_____	_____
	Pulled Staples Left On Tabletop, Etc.	_____	_____	_____
	Electrical Wires (obstructing walkway)	_____	_____	_____
	Pencils, Sharpened End Faced Down	_____	_____	_____
	Mirrors (for blind areas)	_____	_____	_____
	Floors (recently waxed/mopped "CAUTION")	_____	_____	_____
	Stairways Should Be Cleared	_____	_____	_____
	Walking "Up" or "Down" Stairs -	_____	_____	_____
	At Least One Hand Free; Do Not Read	_____	_____	_____
	Do Not Attempt To Lift Heavy Load Of	_____	_____	_____
	Paper, Books, Etc.	_____	_____	_____
	Cement Glue (plenty of ventilation)	_____	_____	_____
	Clutter	_____	_____	_____

HOUSEKEEPING

1. <u>OFFICE/DESK AREAS</u>	<u>GOOD</u>	<u>POOR</u>	<u>COMMENTS</u>
Offices	_____	_____	_____
Closets	_____	_____	_____
File Cabinets	_____	_____	_____
Hallways/Passageways	_____	_____	_____
Paper On Wall Instead Of Bulletin Board	_____	_____	_____
Floors	_____	_____	_____
Restroom	_____	_____	_____
Lunch Areas	_____	_____	_____
Bulletin Boards	_____	_____	_____
Storage Cabinets	_____	_____	_____
Bookcases	_____	_____	_____
Desks	_____	_____	_____

COMMENTS - OTHER