Checklist for Stairs

				AFTER COMPLETING YOUR INSPECTION, TRANSFER YOUR CONCERNS/OBSERVATIONS TO THIS AREA			
Date of Inspection:	Inspector:			Facility:		Name:	
Location/Address:				Staff Contact:		Telephone Number:	
Weather Condition:			Date Inspected:		Time:		
				Date Inspected.		Time.	
STAIRS		Y N	CONCERNS/OBSER	VATIONS	RECOMMENDATI	ON(S)/ACTION REQUIRED	COMPLETED DATE
Identify stair construction a	nd note location(s)						
Are the stairs in good cond fall hazards present	ition, with no trip and						
Are the stairs stable and well supported							
Are stair risers and treads u	uniform in height						
Are stairs free of trip and fa	III hazards						
Are stairs and all landings l	evel						
Do the edges of the stairs h	nave anti slip finish						
Is paint applied to the nosir	ng of the stairs						
Is adequate lighting availab	le for stairs						
Are the stairs free of debris	or storage						
Are areas under and surrou of storage	unding the stairs free						
Are exterior stairs free of ic	e and snow						
Do any doors open or swing	g over top of the stairs						
Are all stairs closed at the b	back						
Are there handrails present reasonable height	t, stable and at a						
Identify handrail construction	on and overall condition						
Do handrails extend the en	tire length of the stairs						

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