



## SAFETY & SECURITY INSPECTION



DATE COMPLETED:	SAFETY & SECURITY INSPECTION CHECKLIST	INSPECTED BY:
LOCATION:		CONTACT:

CATEGORY	NO.	QUESTION	RESPONSE	COMMENT
HOUSEKEEPING	1A	Are the aisles clear and at least three feet wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	1B	Are floors regularly cleaned, free of oil, grease, liquids, items that could cause trip/slip/fall?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	1C	Is all trash placed in proper containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	1D	Are oily rags kept in self-closing, steel safety cans (red-colored, UL-listed) or are disposable rags used as an alternative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	1E	Are hazardous chemicals properly labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	1F	Appropriate first-aid supplies maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
APPLIANCES/EQUIPMENT	2A	Are machine guards in place/rotating, moving machine parts covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2B	Are electrical cords in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2C	Do electrical plugs and their outlets match?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2D	Is proper lockout/tagout followed for equipment maintenance and repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2E	Are fire systems (Ansul system, fire extinguishers, etc.) tested and inspected as required and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2F	Is PPE readily available for filtering shortening and hot grill cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
PROPERTY INTERIOR	3A	Are wet floor signs being used as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3B	Are electrical outlets, cords and appliances in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3C	Do all wet areas have non-slip walk off mats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3D	Are emergency lights operational and checked regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3E	Are exit signs in good working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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	3F	Are exits free from obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3G	Are coolers/freezers/ice machines in good repair? (free from slip hazards, holding proper temperature)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3H	Lights in walk-in cooler/freezer operational and properly covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3I	Are all food items properly labeled and covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3J	Are fire extinguishers readily available and quick checked (mounted in posted location, pin in place and full charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3K	Are exits and electrical access panels kept clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3L	Are electrical panels in good repair, door closed and labeled properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3M	Is mop station properly stocked with broom, mop, clean bucket, wet floor signs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3N	Are gas cylinders properly secured to prevent tip-over?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3O	Is the work area clean and free of trip hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3P	Is personal protective equipment available for employee use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3Q	Is the hood on a regular cleaning schedule by an outside contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3R	Are electrical outlets in frequently wet areas equipped with GFCI (within 3' of a water source)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3S	Were employees observed wearing PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3T	Are employees observed wearing appropriate footwear (closed toe, slip-resistant soles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3U	Walkways and surfaces free of holes, imperfections or slipping hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3V	Are all combustibles stored more than 3' away from water heater and electrical panel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3W	Proper covers on all switch and outlet boxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3X	Are cable restraints available and in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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	3Y	Spills are cleaned up immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3Z	Lighting over cooking area properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
PROPERTY EXTERIOR	4A	Are parking areas in good repair and free from pot holes & trip/fall hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4B	Are all lights functioning correctly and in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4C	Is proper safety & security signage in place and visible? (i.e. height restrictions, timed lock safe, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4D	Are parking areas free from debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4E	Are canopy drains clear and free from debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4F	Are dumpsters kept neat, clean and gates secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4G	Is back door secure at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4H	Is roof access controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4I	Are all exterior non-exit doors locked? (i.e. storage rooms, mechanical room, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4J	Are changes in levels clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4K	Are extension cords being used for permanent wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4L	Are power strips used for anything other than audio/visual equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4M	Hanging signs, awnings or other exterior accessories safely secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4N	Restroom floor is dry, clean and not slippery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4O	Are parking blocks in good condition, free from exposed rebar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
LOSS PREVENTION AND MANAGEMENT STRATEGIES	5A	Are there records of inspections available? Are follow-ups being done on discrepancies and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	5B	Are accidents reviewed for root cause and corrective actions developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	5C	Does store support Transitional Return to Work for injured employees? Are light duty tasks identified in advance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	5D	Is the store using the proper/current form or call center for reporting incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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	5E	Are reports filled out for all appropriate reasons? (accidents/injuries involving employees/guests, guest report of food quality issue, vehicle damage, property damage, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	5F	Are major incidents being communicated by phone call to appropriate personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	5G	Does store have a safety and security kit available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
SECURITY	6A	Are all employees instructed not to risk injury to themselves or to a guest in the event of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6B	Are all employees instructed to cooperate fully in the event of a robbery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6C	Are cash management procedures followed to reduce the amount of cash on hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6D	Is cash transferred to the bank regularly, but not on a set, predictable schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6E	Are employees advised to observe and report suspicious persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6F	Car hops observed following the 60/60 rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
EMPLOYEE TRAINING	7A	Are all new employees informed and properly trained in the correct usage of workplace chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7B	Are employees informed as to where MSDS sheets are located? Are they readily accessible 24 hours per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7C	Are employees instructed how to safely move and lift objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7D	Are employees trained to recognize and respond to slip and fall hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7E	Is training of proper lockout/tagout procedures covered with employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7F	Is basic fire safety training conducted as part of all new hire orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7G	Do all employees understand their responsibility concerning workplace safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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	7H	Are all employees trained in procedures to follow during and after a robbery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7I	Are employees trained in proper use of automatic and portable fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7J	Are employees trained in how to report accidents and injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
SKATING	8A	Were employees observed skating at the time of visit? (Document weather conditions in comments section)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8B	Were skates in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8C	Were employees observed wearing appropriate PPE (elbow, wrist and knee pads, helmet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8D	All skating carhops certified as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8E	Were skaters wearing Sonic approved skates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8F	Were skaters observed wearing approved uniform?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8G	Visual inspection of work area completed each day prior to skating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Scoring of this checklist is designed to help the store focus on deficiencies in specific areas to enhance overall loss prevention. Completion of the above items may result in a reduced occurrence of losses to property, general liability claims with our customers and work-related injuries to our employees.

If items are marked as deficient, a follow-up system should be implemented to ensure compliance and that items are corrected in a timely manner.

SECTION	MAX POINTS AVAILABLE	ACTUAL
1 HOUSEKEEPING	6	
2 APPLIANCES/EQUIPMENT	5	
3 PROPERTY INTERIOR	26	
4 PROPERTY EXTERIOR	16	
5 LOSS PREVENTION AND MANAGEMENT STRATEGIES	6	
6 SECURITY	6	
7 EMPLOYEE TRAINING	10	
8 SKATING	7	