

Appendix A: Office Area Safety Inspection Checklist

Dept.: _____

Building/Rm.: _____

Inspector: _____

Date Inspected: _____

Check the box if the condition is satisfactory; if not describe corrective action and date when complete.

OK	Work Environment Safety Description	Corrective Action Needed	Date
<input type="checkbox"/>	Employees work areas are adequately illuminated.		
<input type="checkbox"/>	Employees are not engaged in ergonomic hazards, e.g. awkward posture, prolonged repetitive motion, contact stress, etc.		
<input type="checkbox"/>	Employees work areas are clean, orderly and don't present a hazard		
<input type="checkbox"/>	Employees are not engaged in unsafe acts, e.g. using chairs as stepstools, using multiple extension cords, etc.		
OK	Walking Surfaces	Corrective Action Needed	Date
<input type="checkbox"/>	Aisles correctly established and clear		
<input type="checkbox"/>	No tripping hazards in evidence		
<input type="checkbox"/>	Floors dry - not slippery		
<input type="checkbox"/>	Cords not stretched across aisles or under carpets		
<input type="checkbox"/>	Entrance mats available and used in wet weather		
<input type="checkbox"/>	Carpet is secure and free of tears, lumps or loose pieces		
OK	Stairways, Aisles, Storage Rooms, Halls, Emergency Exits, Fire Extinguishers	Corrective Action Needed	Date
<input type="checkbox"/>	Adequate lighting in stairways, aisles and storage rooms		
<input type="checkbox"/>	Stairways clear - not cluttered		
<input type="checkbox"/>	Stair treads in good condition		
<input type="checkbox"/>	Handrails installed and in good condition		
<input type="checkbox"/>	Halls kept clear of equipment and supplies		
<input type="checkbox"/>	Emergency exit doors clearly marked and accessible		
<input type="checkbox"/>	Fire extinguishers accessible and fully charged		
OK	Bookcases, Shelves, Cabinets	Corrective Action Needed	Date
<input type="checkbox"/>	Bookcases and shelves not overloaded		
<input checked="" type="checkbox"/>	Heavy storage shelves secured to wall		
<input type="checkbox"/>	File drawers closed when not in use		
<input type="checkbox"/>	Bookcases and cabinets secured against tipping		
OK	Electrical, Chairs, Chemicals, Step Stools, Ladders, Air Movement	Corrective Action Needed	Date
<input type="checkbox"/>	Electrical outlets not overloaded		
<input type="checkbox"/>	Equipment properly grounded (3 pronged plugs)		
<input type="checkbox"/>	Electrical cords and plugs in good condition		
<input type="checkbox"/>	Extension cords not substituted for permanent wiring		
<input type="checkbox"/>	Chairs in good mechanical condition (springs/casters)		
<input type="checkbox"/>	Chemical products properly used, stored and labeled		
<input type="checkbox"/>	Paper cutter equipped with guard/ blade spring		
<input type="checkbox"/>	Safe step stools and ladders properly used when needed		
<input type="checkbox"/>	Paper shredder guarded		
<input type="checkbox"/>	Unobstructed air movement and vents		