

Office Safety Inspection Checklist

Date of Inspection:	
Inspector's Name:	
Department:	
Building:	
Room Number:	

No.	General	Yes	No	N/A	Comments
1	Workplace is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Floors are clear and aisles, hallways and exits are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Floor surfaces are kept dry and free of slip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Illumination is adequate in all common areas and workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Stairways, sidewalks and ramps are free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Emergency information is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	All containers, including non-hazardous chemicals and wastes are labeled with the full chemical name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Stored materials are secure and limited in height to prevent collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Large and heavy items are stored on lower shelves or storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Cabinets and bookshelves are secured to walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Overhead storage is minimized to prevent falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Equipment and machines are clean and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.	Fire	Yes	No	N/A	Comments
13	Fire extinguisher fully charged, identified, accessible and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Adequate storage clearance from ceiling (18" if sprinklered, 24" if not sprinklered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Fire extinguisher inspected monthly and tag documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

No.	Electrical Safety	Yes	No	N/A	Comments
16	At least 3' of clearance is kept in front of electrical panels/ breaker boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Extension cords are not used as permanent wiring and do not create a tripping hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Plugs, cords and electrical outlets in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Approved hot plates, coffee makers, portable heaters, etc. are properly wired and turned off when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Electric cords and phone cords secured to prevent tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hazards identified during an inspection should be corrected as soon as they are identified. For any that can't be immediately corrected, set a target data for correction based on such considerations as the probability and severity of an injury or illness resulting from the hazard; the availability of needed equipment, materials and/or personnel; time for delivery, installation, modification or construction; and training periods. All corrective actions must be documented.

Risk Management/EHOS is available to provide guidance in correcting hazards identified as a result of an inspection. All hazards identified must be corrected and actions documented.

Item #	Corrective Action Planned	Date Completed