



OFFICE AREA INSPECTION CHECKLIST

Item	Yes	No	Comments
OFFICE FURNITURE AND EQUIPMENT			
Lighting adequate - office - aisles - walkways/stairways - storage areas			
Lighting fixtures intact			
Ventilation: all work spaces ventilated through supply air outlets or operable windows Photocopy machines located in ventilated spaces or large open areas			
Adequate wall and telephone outlets			
Desks and file drawers not opened into aisles or walkways.			
Desk and file drawers not left open			
File cabinets: heavy items in bottom drawers			
No more than one file drawer can be opened at any time.			
File cabinets and shelving units bolted together, or to the floor or wall.			
Faulty or broken desks, chairs, or other office equipment not in use			
Only authorized persons permitted to operate office equipment.			
Maintenance and repairs done by designated, trained personnel			
AISLES and FLOORS			
Aisle widths adequate for two-way traffic			
Access to all parts of the office and building unobstructed			
No tripping hazards in aisles			
Floors kept clear of pencils, bottles, and other loose objects			
Floor free from holes, loose boards, splinters, or floor depressions			
Polished Floor surfaces treated or covered with slip-resistant preparations			
Carpeting not torn, badly worn, or with curled edges			
STAIRS			
Doors opening onto one or more steps are posted with prominent caution signs.			
Stairways provided with suitable handrails, and free of worn stair treads			
Running on stairs, corridors, or elsewhere halls is prohibited			



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ELECTRICAL EQUIPMENT			
All electric fans protected with guards of not over half inch mesh			
Worn electrical cords or plugs, and loose outlet plates or connections are absent.			
Exposed metal parts of electrical office machines or appliances are electrically grounded.			
Light fixtures or fixture parts are securely hung.			
Extension cords are not run over radiators, steam pipes, through doorways, under rugs or across walkways.			
MISCELLANEOUS			
No smoking in the workplace			
Windows easy to open			
Stable ladders are readily available for reaching materials on high shelves, and are kept in safe, serviceable condition			
Materials are not stacked to unstable heights.			
Heavy materials are stored at waist height or lower; all materials are stored safely and without crowding on shelves. No materials hanging over edges of shelves			
Housekeeping: work surfaces are clear of extraneous materials that could affect ability to do work safely and comfortably.			
Employees have been instructed in safe lifting procedures.			
Throwing paper clips, shooting rubber bands, throwing objects out of windows, and other horseplay is not allowed.			
Only non-toxic cleaning materials are used.			
Fire and emergency evacuation plans are posted in appropriate areas.			
Employees are aware of nearest emergency exit.			
Employees know the fire and ambulance phone numbers.			
Employees know the first aid phone number.			
VISUAL DISPLAY TERMINALS			
Chairs are adjusted to accommodate the VDT operator.			
Chair back supports are set to provide firm back support.			
Keyboards are placed on a surface approximately 65 - 69 cm. above floor.			
VDT Screens are adjusted to eliminate reflected glare of light fixtures and windows on the screen and located so that the operator is not required to face sunlit windows.			
Document holders and adequate workspace are provided.			

OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM _____

Supervisor's Name: _____
Designate's Name (where appropriate): _____
Due Date/Time for Monthly Inspection: _____

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

Item	January			February			March		
	Yes	No	Action Taken	Yes	No	Action Taken	Yes	No	Action Taken
12. Good housekeeping									
13. Aisles and exit doorways clear.									
14. Adequate lighting									
15. Adequate ventilation									
16. Drawers kept closed									
17. Computer Workstations - adjustable furniture - properly adjusted for user									
18. Free of tripping hazards									
19. Free of electrical hazards									
Checked (√) by (initials)									

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is _____).

OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM _____

Supervisor's Name: _____

Designate's Name (where appropriate): _____

Due Date/Time for Monthly Inspection: _____

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

Item	April			May			June		
	Yes	No	Action Taken	Yes	No	Action Taken	Yes	No	Action Taken
1. Good housekeeping									
2. Aisles and exit doorways clear.									
3. Adequate lighting									
4. Adequate ventilation									
5. Drawers kept closed									
6. Computer Workstations - adjustable furniture - properly adjusted for user									
7. Free of tripping hazards									
8. Free of electrical hazards									
Checked (√) by (initials)									

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is _____).

LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM _____

OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM _____

Supervisor's Name: _____

Designate's Name (where appropriate): _____

Due Date/Time for Monthly Inspection: _____

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

Item	July			August			September		
	Yes	No	Action Taken	Yes	No	Action Taken	Yes	No	Action Taken
1. Good housekeeping									
2. Aisles and exit doorways clear.									
3. Adequate lighting									
4. Adequate ventilation									
5. Drawers kept closed									
6. Computer Workstations - adjustable furniture - properly adjusted for user									
7. Free of tripping hazards									
8. Free of electrical hazards									
Checked (√) by (initials)									

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is _____).

OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM _____

Supervisor's Name: _____

Designate's Name (where appropriate): _____

Due Date/Time for Monthly Inspection: _____

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

Item	October			November			December		
	Yes	No	Action Taken	Yes	No	Action Taken	Yes	No	Action Taken
1. Good housekeeping									
2. Aisles and exit doorways clear.									
3. Adequate lighting									
4. Adequate ventilation									
5. Drawers kept closed									
6. Computer Workstations - adjustable furniture - properly adjusted for user									
7. Free of tripping hazards									
8. Free of electrical hazards									
Checked (√) by (initials)									

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is _____).