OFFICE SAFETY INSPECTION CHECKLIST

Company:		**Department:**	
Address:			
Inspected by:			
Site Manager:		**Inspection Date:**	

FIRE PROTECTION

		YES	NO	N/A
1.	Is smoking permitted in/near the building?	☐	☐	☐
2.	If yes, is it restricted to a designated area?	☐	☐	☐
3.	Are ash trays/fire resistant receptacles provided?	☐	☐	☐
4.	Are "No Smoking" signs posted where smoking is prohibited?	☐	☐	☐
5.	Are emergency telephone numbers clearly posted?	☐	☐	☐
6.	Are sprinkler heads exposed to damage and/or protected by metal "basket guards?	☐	☐	☐
7.	Is proper clearance (18 inches) maintained below sprinkler heads?	☐	☐	☐
8.	Is all permanent wiring installed by an electrician?	☐	☐	☐
9.	Is there use of extension cords due to inadequate/inaccessible plugs?	☐	☐	☐
10.	Are power strips with circuit breakers used when several plugs use one outlet?	☐	☐	☐
11.	Are electrical cords free of splices or tape?	☐	☐	☐
12.	Are computers protected by use of surge protectors?	☐	☐	☐
13.	Are adequate data back-ups done/written procedures being followed?	☐	☐	☐
14.	Are dry chemical fire extinguishers rated at least 2A 10BC provided? (Minimum of 2; each within 75' of any location in the office)	☐	☐	☐
15.	Are carbon dioxide or class C fire extinguishers provided in computer rooms or areas of high value electronic equipment?	☐	☐	☐
16.	Are extinguishers annually serviced/tagged?	☐	☐	☐
17.	Are extinguishers inspected/tag initialed & dated monthly?	☐	☐	☐
18.	Have all employees been trained on proper use of fire extinguishers within the last year?	☐	☐	☐
19.	Is a fire evacuation map, including safe assembly area, posted?	☐	☐	☐
20.	Have you conducted/documented an emergency evacuation drill in the last year?	☐	☐	☐
21.	Have fire alarms and sprinkler systems been tested in the last year?	☐	☐	☐
22.	Are alarms tied to a central station (monitored 24/7)?	☐	☐	☐
23.	Have special fire protection systems been serviced in the last 6 months? A. dry sprinkler system in computer room; B. commercial kitchen hood ventilation system	☐ ☐	☐ ☐	☐ ☐
24.	Are all circuit breaker boxes accessible (30" clearance on all sides)?	☐	☐	☐
25.	Is all combustible material at least 36" away from water heaters and other equipment?	☐	☐	☐

For any item noted as inadequate or requiring attention, note item number and corrective action required:

No.	CORRECTIVE ACTION (items 1-25 above):	Date Completed:	ASSIGNED TO:

GENERAL OFFICE				
		YES	NO	N/A
1.	Are all work and public access areas adequately illuminated?	☐	☐	☐
2.	Are all exit signs illuminated?	☐	☐	
3.	Are all exits illuminated by a reliable light source?	☐	☐	
4.	Are all exits/pathways kept free of obstructions (30" clearance)	☐	☐	
5.	Are walking surfaces frequently cleaned and swept?	☐	☐	
6.	Are liquid spills cleaned immediately?	☐	☐	
7.	Are spill kits located within reasonable proximity of public areas?	☐	☐	
8.	Are walking surfaces even (cracks, uneven carpet seams, inconsistent staircase treads, raised thresholds)	☐	☐	
9.	Are holes in the floor or other walking surfaces repaired properly?	☐	☐	☐
10.	Are there rips/splits in carpets?	☐	☐	☐
11.	Are there missing or broken floor tiles?	☐	☐	☐
12.	Are workstation and public access areas clean and orderly?	☐	☐	
13.	Is waste stored safely and removed from all workstations?	☐	☐	
14.	Are heavy items in stockroom kept at waist height? Lighter items stored on shelves above shoulder height?	☐	☐	☐
15.	Are shelves in good condition?	☐	☐	☐
16.	Are cabinets, shelves and heavy equipment secured to prevent tip over?	☐	☐	☐
17.	Are stools or step ladders available for stock retrieval or access to high files?	☐	☐	☐
18.	Are all ladders and material handling equipment (carts, dollies, etc.) in good working condition?	☐	☐	☐
19.	Are papers (e.g. bankers boxes) stored in an area away from ignition source (water heater, portable heater, etc.)			
20.	Are *commercial rated* appliances (coffee makers, toaster ovens, hotplates, etc.) used in employee kitchen and/or breakrooms?	☐	☐	☐

For any item noted as inadequate or requiring attention, note item number and corrective action required:

No.	CORRECTIVE ACTION (items 1-20 above):	DATE COMPLETED	ASSIGNED TO:

PARKING LOT/GARAGE				
19.	Is the parking lot under company control?	☐	☐	
20.	Is adequate lighting provided?	☐	☐	
21.	Are walking surfaces free of holes, uneven pavement, trip/fall hazards?	☐	☐	
22.	Is snow and ice and water removed in the winter?	☐	☐	☐
23.	Are wheel stops painted a contrasting color (for optimal visibility)?	☐	☐	☐
24.	Does the parking lot/garage have security cameras and/or security guards?	☐	☐	☐
25.	Is there a process for reporting repairs/deficiencies to management?	☐	☐	

No.	CORRECTIVE ACTION (items 19-25):	DATE COMPLETED	ASSIGNED TO:

SAFETY PROGRAM

		YES	NO	N/A
1.	Does the company have a current, up-to-date copy of OSHA 200 log	☐	☐	
2.	Are all employee accidents properly logged on the OSHA 200 log?	☐	☐	
3.	Is the OSHA 300 log posted each year in the month of February?	☐	☐	
4.	Is there a current written safety program (Injury & Illness Prevention Program; IIPP)	☐	☐	☐
5.	Is it up to date (correct names, documentation maintained)	☐	☐	☐
6.	Is there a written Emergency Action Plan or Emergency Response Plan?	☐	☐	
7.	Is it up to date (correct names, phone numbers,			
8.	Are accident investigation procedures in place, and forms maintained?	☐	☐	
9.	Have recent employee accidents been investigated and corrective action implemented?	☐	☐	
10.	Are quarterly safety inspections conducted and documented?	☐	☐	
11.	Are corrective actions done as a result of the inspection documented?	☐	☐	
12.	Is a safety bulletin board with required posters maintained?	☐	☐	
13.	Are periodic (at least quarterly) safety meetings, safety committee, or safety newsletter/emails done?	☐	☐	
14.	Are copies of the minutes of the meetings or copies of the announcements kept?	☐	☐	
15.	Are corrective actions done as a result of the inspection documented?	☐	☐	
16.	Have all employees ben trained on proper lifting techniques?	☐	☐	
17.	If there a First Aid kit on premises (Class A or B as required)?	☐	☐	
18.	Is it properly stocked (OSHA Requirements)?	☐	☐	
19.	Is it accessible to all employees (log procedures in place for users)?	☐	☐	

No.	CORRECTIVE ACTION (for items 1-19 above):	Date Completed:	By: