# DIVISION OF OCCUPATIONAL HEALTH AND SAFETY

# OFFICE SAFETY CHECKLIST

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| **Institute:** |  | **Facility:** |  | **Survey Date:** |  |
| **Building/Rooms covered on this checklist:** | | |  | | |
| During the survey of the designated area, complete the checklist below. Check N/A if the item does not apply. | | | | | |

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| **BASIC LIFE SAFETY** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are exit signs illuminated and visible? |  |  |  |  |  |  |
| 1. Are corridors and exits free from obstructions and unlocked? |  |  |  |  |  |  |
| 1. Access to exit doesn’t require travel through high hazard area? |  |  |  |  |  |  |
| 1. Stairways are in good repair with handrails and non-slip tread? |  |  |  |  |  |  |
| 1. Stairways are not being used for storage? |  |  |  |  |  |  |
| 1. Stairway steps are uniform in size? |  |  |  |  |  |  |
| 1. Is the Emergency Evacuation Route & Action Plan posted? |  |  |  |  |  |  |
| 1. Are exit doors closed and not propped open? |  |  |  |  |  |  |
| 1. Is there no obvious damage to sprinklers? |  |  |  |  |  |  |
| 1. Are fire extinguishers easily accessible, checked monthly, and operational? |  |  |  |  |  |  |
| 1. Are fire extinguishers mounted so that the travel distance from employees to any extinguisher is 75 feet or less? |  |  |  |  |  |  |
| **GENERAL OFFICE SAFETY** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are aisles, doorways and corners free of obstructions to permit visibility and movement? |  |  |  |  |  |  |
| 1. Lighting in work areas and walkways adequate? |  |  |  |  |  |  |
| 1. Are chairs in safe condition and are caster, rungs and legs sturdy? |  |  |  |  |  |  |
| 1. Are all equipment and supplies in their proper places? |  |  |  |  |  |  |
| 1. Is there adequate walking and egress clearance? 2. 44” for corridors and stairways. 3. 36” for aisles. 4. 32” for doors. |  |  |  |  |  |  |
| 1. Are carts, dollies, etc. available for use in transporting heavy objects and boxes? |  |  |  |  |  |  |
| 1. Is housekeeping being adequately maintained? |  |  |  |  |  |  |
| 1. Are MSDS available for office and housekeeping chemicals? |  |  |  |  |  |  |
| 1. Are OSHA posters prominently displayed? |  |  |  |  |  |  |
| **TRIP/FALL HAZARDS** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Is the floor surface level and undamaged? |  |  |  |  |  |  |
| 1. The floor is not wet or slippery? 2. A warning sign is available in case of spills? 3. Cleanup supplies are readily available? 4. Non-slip mats are in entryways if needed? |  |  |  |  |  |  |

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| **TRIP/FALL HAZARDS (continued)** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams? |  |  |  |  |  |  |
| 1. Is any equipment or supplies protruding into walkways? |  |  |  |  |  |  |
| 1. Are there cords or cables causing a trip hazard? |  |  |  |  |  |  |
| 1. Are permanent use cords covered by runners when crossing walkways? |  |  |  |  |  |  |
| 1. Is a step stool or ladder available to minimize the use of chairs for reaching high objects? |  |  |  |  |  |  |
| **ELECTRICAL** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are GFCI outlets within 6 feet of a water source? |  |  |  |  |  |  |
| 1. Is access to electrical panels or electrical room unobstruction (at least 36”)? |  |  |  |  |  |  |
| 1. Are outlets overloaded? |  |  |  |  |  |  |
| 1. Extension cords are not used in lieu of fixed wiring? |  |  |  |  |  |  |
| 1. A maximum of one power strip per electrical receptacle is used? (no daisy chains) |  |  |  |  |  |  |
| 1. Electrical cords and plugs are in good condition? (i.e., not frayed, taped, spliced, or missing ground prongs) |  |  |  |  |  |  |
| 1. Electrical receptacles are in good working condition? |  |  |  |  |  |  |
| 1. All electrical equipment in good working condition? |  |  |  |  |  |  |
| 1. Are electrical closets free of storage? |  |  |  |  |  |  |
| **ELECTRICAL (continued)** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are personal appliances such as space heaters or coffee makers compliant with the buildings electrical circuit system? |  |  |  |  |  |  |
| 1. Are space heaters equipped with a multi-directional tip-over switch? |  |  |  |  |  |  |
| 1. Are space heaters equipped with an overheat sensor? |  |  |  |  |  |  |
| **MAINTENANCE (outside and inside)** | **YES** | **NO** | **N/A** | **COMMENTS** | **CORRECTIVE ACTION TAKEN** | **CORRECTION COMPLETED** |
| 1. Are doors and locks in good working order? |  |  |  |  |  |  |
| 1. Are ceiling tiles intact, undamaged and in place? |  |  |  |  |  |  |
| 1. Are there no signs of weather damage or mold growth in the facility? |  |  |  |  |  |  |
| 1. Are all windows unbroken and free from any type of damage? |  |  |  |  |  |  |
| 1. Do air conditioning vents and ducts appear to be clean upon visual inspection? |  |  |  |  |  |  |
| 1. Are outside lights in good working order? |  |  |  |  |  |  |
| 1. Does the exterior of the building present no safety concern? |  |  |  |  |  |  |
| 1. Is the parking lot area free of any safety concern? (i.e. overgrown landscaping, uneven pavement, traffic hazards) |  |  |  |  |  |  |

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_