

# Safety Inspection Form for OFFICES

Office Number: \_\_\_\_\_

Name: \_\_\_\_\_

Division: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

ITEM	Satisfactory	Unsatisfactory	Date Corrected
<b>1. Traffic Area</b>			
a. Walkways and doors unobstructed			
b. No electrical cords on floor or in walk areas			
c. No trip hazards			
d. Work area uncluttered, organized and neat			
<b>2. Safety Issues</b>			
a. "Emergency Contact" sticker on telephone			
b. Electrical appliances in proper use			
c. No chemicals present (ex.: Liquors, samples)			
d. Materials stored in a safe manner (especially overhead)			
<b>3. Good Workplace Ergonomics</b> ( No awkward bending or stretching required, proper location of equipment, etc.)			
a. Computer station			
b. Desk			
c. File cabinets			
<b>4. Office Furniture in Good Working Condition</b>			