

Office Safety Checklist

Conditions of Buildings and Offices	CHECK ONE	NOTES
Damage to Buildings Roofing/Ceiling Tiles Walls Doorway and window frames Gutters and downpipes	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Condition of Floors, Walkways and Roadways Floors/tile, carpet, cement Walkways Roadways	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Delegation of Responsibility Person is appointed in writing to perform monthly safety inspections and a sign is prominently displayed allocating area of responsibility.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lighting: Natural and Artificial	CHECK ONE	NOTES
Sample Lights Out <ul style="list-style-type: none"> Broken light switches/fittings Broken or dirty window/skylights Burnt-out light bulbs Emergency lighting Light covers clean/in good order Locations with poor illumination 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ventilation	CHECK ONE	NOTES
Ventilation Provided and Maintained <ul style="list-style-type: none"> General ventilation systems adequate Maintenance of coolers, heaters, air conditioners are planned and scheduled in advance of temp. changes. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Restrooms/Lunchrooms	CHECK ONE	NOTES
Facilities Clean & Hygienic <ul style="list-style-type: none"> Restrooms clean Lunchroom clean Soap, towels and toilet paper Waste cans contents removal regularly maintained Provisions made for food storage 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aisles, Walkways and Storage Demarcated	CHECK ONE	NOTES
Demarcation Adhered to <ul style="list-style-type: none"> Obstructions in aisles Stacking protruding onto walkway Aisles and storage areas of sufficient width 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Good Stacking and Storage Practices	CHECK ONE	NOTES
Storage Inside Cabinets and Shelves <ul style="list-style-type: none"> Cabinets safe, neat and tidy Shelves safe, neat and tidy Windowsills clear Tops of cabinets clear (no storage) Unauthorized storage of chemicals in cabinets adhered to 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Designated Storage Areas <ul style="list-style-type: none"> All storage kept in designated store rooms, store areas or cabinets Areas underneath work desks/tables clear and free of materials (boxes, etc.) 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Office and Yard: Tidy	CHECK ONE	NOTES
Offices <ul style="list-style-type: none"> General Housekeeping – desk drawers, work stations tidy. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yard <ul style="list-style-type: none"> All outside areas clean 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trash Bins	CHECK ONE	NOTES
Trash Bins Provided <ul style="list-style-type: none"> Sufficient Bins Lids where provided, kept in place Trash bins removed as per scheduled Separate bins provided for separate materials (recycle material, food, oily material, etc.) 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Color Coding	CHECK ONE	NOTES
Uniform Color Code Applied Throughout <ul style="list-style-type: none"> Pipelines coded 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Color Code Keyboard Displayed <ul style="list-style-type: none"> Color keyboards displayed Colors on keyboard match the colors on the coded equipment 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Labeling of Electrical Switches and Valves	CHECK ONE	NOTES
All Electrical Switches Properly Labeled in Panel Box <ul style="list-style-type: none"> Standardized marking of electrical switches and valves Critical valves identified and color coded 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ladders and Stairways	CHECK ONE	NOTES
Condition of Portable Ladders and Small Step Stools <ul style="list-style-type: none"> Portable ladders and step stools on a register and checked each month 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stairways in Good Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Portable Electrical Equipment	CHECK ONE	NOTES
All Items Identified and Recorded in a Register	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Regular Checks Carried out According to the Requirements of the Equipment Usage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
General Electrical Installations	CHECK ONE	NOTES
All Wiring Safe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Flexible Cords/No Cables Routed Through or Along Walls, Floors or Ceilings	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Unsafe Temporary Wiring	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to Fuse Boxes, Plugs or Electrical Junction Boxes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Installations Checked for Grounding and Polarity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hand Tools	CHECK ONE	NOTES
All Personal Hand Tools in Good Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All Company Issued Tools in Good Order	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tools Stored in an Accessible Way Without Creating a Hazard From Sharp Projections	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notices and Signs	CHECK ONE	NOTES
Signs in Good Condition, Not Faded or Damaged	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Proper Color Code for Signs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Extinguishers	CHECK ONE	NOTES
Locations Marked		
<ul style="list-style-type: none"> All Locations Indicated by means of an Arrow or Symbolic Sign All signs posted high enough to be seen from all positions 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Keep Clear Zones		
<ul style="list-style-type: none"> Area in front of extinguisher kept clear and unobstructed 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maintenance of Equipment	CHECK ONE	NOTES
Regular Inspections		
<ul style="list-style-type: none"> Monthly inspections performed 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Storage of Flammable Materials	CHECK ONE	NOTES
Properly Stored		
<ul style="list-style-type: none"> All flammable materials, if any, properly stored? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alarm System	CHECK ONE	NOTES
Independent Alarm		
<ul style="list-style-type: none"> The alarm unique Heard in all areas Tested regularly Employees know the alarm 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Planning	CHECK ONE	NOTES
Written Emergency Plan		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Map of Building Exits and Employee Meetings Place(s) Posted		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All Employees Knowledgeable in the Emergency Evacuation Plans		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Safety Representatives Comments:	
Signed: _____	Date: _____

Managers Comments:	
Signed: _____	Date: _____