

Office Safety Inspection Checklist

Date of Inspection:	
Inspector's Name:	
Department:	
Building:	
Room Number:	

No.	General	Yes	No	N/A	Comments
1	Workplace is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Floors are clear and aisles, hallways and exits are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Floor surfaces are kept dry and free of slip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Illumination is adequate in all common areas and workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Stairways, sidewalks and ramps are free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Emergency information is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	All containers, including non-hazardous chemicals and wastes are labeled with the full chemical name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Stored materials are secure and limited in height to prevent collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Large and heavy items are stored on lower shelves or storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Cabinets and bookshelves are secured to walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Overhead storage is minimized to prevent falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Equipment and machines are clean and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.	Fire	Yes	No	N/A	Comments
13	Fire extinguisher fully charged, identified, accessible and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Adequate storage clearance from ceiling (18" if sprinklered, 24" if not sprinklered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Fire extinguisher inspected monthly and tag documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

