



# Office Safety

## 1-0 Administration and Training

1-1	Is there a safe-work practice binder in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Is the SWP binder current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is it accessible to employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Do employees know about the SWP binder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-2	Are emergency procedures in place (i.e. evacuation plan, emergency contacts)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Do employees know their roles in emergency situations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-3	Is Training provided to employees at least once per year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Does the training cover all relevant topics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is all training documented and kept on file for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Are new employees trained prior to starting work operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-4	Are safety inspections done at least once per year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are findings and corrective actions documented and kept on file for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-5	Are employee safety concerns and associated corrective actions documented and kept on file for at least one	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 2-0 Fire Safety

2-1	Are all emergency exits clearly marked and unobstructed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-2	Are aisles and corridors cleared at least 44 inches for safe evacuations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-3	Are extinguishers, hoses, and sprinkler heads easily accessible and free from blockage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-4	Are extinguishers and hoses adequately identified with signage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-5	Have extinguishers, hoses, and sprinkler systems been tested within the prior 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-6	Is a fire extinguisher/hose accessible within 75 feet of each work area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-7	Are extinguishers mounted at the proper height?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	• Extinguishers less than 40 lbs may not be mounted at a height greater than 5 feet.				
	• Extinguishers greater than 40 lbs may not be mounted at a height greater than 3.5 feet.				

# OFFICE SAFETY CHECKLIST

## 2-0 Fire Safety (Cont'd)

2-8	Are extinguishers the correct classification for the hazards present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>A= Combustible materials (e.g. wood and paper)</li> </ul>				
	<ul style="list-style-type: none"> <li>B= Flammable Liquids</li> </ul>				
	<ul style="list-style-type: none"> <li>C= Energized electrical equipment</li> </ul>				
2-9	Is the fill gauge on all extinguishers in the green range?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
a)	Has the back of the inspection card been initialed each month to show that this has been checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 4-0 Electrical Safety

4-1	Are all plugs, cords, receptacles, and switches in good condition (e.g. covers, prongs, insulation)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-2	Are extension cords used on a temporary basis only (i.e. less than one year at a stationary location)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-3	Are electrical cords positioned so that they will not get damaged or form a trip hazard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-4	Are ground fault interrupters installed where conflicts between electricity use and water exist?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-5	Are multi-plug adapters being utilized properly (i.e. no multi-plug adapter plugged into a multi-plug adapter)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-6	Are all electrical appliances being disconnected or turned off when not in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 6-0 Housekeeping

6-1	Is general housekeeping adequate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>Trash receptacles emptied regularly</li> </ul>				
	<ul style="list-style-type: none"> <li>Work surfaces free from clutter</li> </ul>				
	<ul style="list-style-type: none"> <li>Food properly stored</li> </ul>				
6-2	Is adequate lighting being provided in all areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-3	Are chemicals stored in an appropriate area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-4	Are sharp objects being stored properly (e.g. pens capped, scissors pointed down, blades covered)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-5	Are any slip or trip hazards present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>Worn or frayed carpeting</li> </ul>				
	<ul style="list-style-type: none"> <li>Separated carpet seams</li> </ul>				
	<ul style="list-style-type: none"> <li>Electrical cords or movable objects</li> </ul>				

# OFFICE SAFETY CHECKLIST

## 7-0 Office Equipment

7-1	Are employees trained on how to operate office equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-2	Are all cabinets, shelves, bookcases properly secured in the event of an earthquake?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-3	Are stacked and shelved items stored to prevent falling during an earthquake?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-4	Are desks, file cabinets, etc. arranged so that drawers do not open into high traffic walkways or aisles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-5	Is the weight distributed in file drawers so that the upper drawer contents do not create a tipping hazard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-6	Are ladders or step stools provided for reaching materials on high shelves?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>Kept in a safe easy to reach location?</li> </ul>				
7-7	Is furniture and equipment in good working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-8	Is office equipment inspected and properly maintained on a regular basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A