



# OFFICE SAFETY ASSESSMENT

Evaluator(s):		Date:	
Department:		Location(s):	

Please check Yes, No, Not Applicable for each item. All No responses require follow-up within 30 days, unless otherwise noted and all Serious Violations require 3 day follow-up. **Retain original copy at the Department level. Submit copy to the Department of Safety & Risk Management.**

INSPECTION ITEMS	Y	N	NA	CORRECTIVE ACTION NEEDED	OWNER	DATE COMPLETE
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<b>Administrative</b>						
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1	Is there a current IIPP in a location known and accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Have employees received required IIPP trainings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Is there a safety bulletin board displaying Emergency phone numbers, evacuation routes safety meeting information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Are Material Safety Data Sheets (MSDSs) on file and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Does the departmental Emergency Operations Plan include a floor plan/map of the department, including emergency evacuation route and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Are fire inspections and fire drills documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Computer Work Station</b>						
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7	Is the keyboard and mouse within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Are keyboard and monitor aligned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Are chairs used at computer workstations adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Is leg and knee clearance available under the desk surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>General Safety/Housekeeping</b>						
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11	Are the exits (doorways), exit aisles, or corridors free of obstacles and combustible storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Are filing cabinets, bookcases and other items over 4 feet tall securely bolted to walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Are materials on shelves above chest level secured by doors or straps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Are cubicle walls secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Are coffee machines, etc. securely fixed to avoid risk of scalds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Is overhead storage of heavy items prevented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Are heavy files placed in bottom drawers to prevent tipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Are file drawers kept closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Are stepladders provided for high storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Are office areas cleaned & maintained regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Are storage rooms & recycling areas neatly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>INSPECTION ITEMS</b>		<b>Y</b>	<b>N</b>	<b>NA</b>	<b>CORRECTIVE ACTION NEEDED</b>	<b>OWNER</b>	<b>DATE COMPLETE</b>
22	Are all waste materials placed in the proper waste containers and emptied regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Is flooring in good condition with loose rugs and mats secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Have missing or loose ceiling tiles been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Is paper cutter equipped with guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Do electric fans have a grill or guard for finger protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Fire Protection</b>							
23	Are exits visibly marked & clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Are fire doors closed securely at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Are stairwells clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	Are proper fire extinguishers available & inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Are special procedures in place for workers with disabilities to assist them to exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Are combustible materials stored in assigned storage cabinets or designated areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Are materials stored at least 18 inches away from sprinkler heads or 24 inches from ceiling where no sprinkler system exists)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Are fire drills held on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Are electric space heaters plugged directly into walls, have working tip over switch and away from combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Electrical</b>							
32	Are all plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Are extension cords being used correctly? (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aisle ways; not to be used as a permanent source of electrical supply- have additional outlets installed; not be linked together. No "thin zip cords.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34	Is clear access (36" clearance) provided to electrical panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Are cord or cable systems used to manage all cords or cables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Are extension cords at minimum 14 gauge (heavy-duty), 6' or less, and servicing only one appliance or fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Is faulty or broken equipment removed from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38	Are lamps well clear of drapes, papers and other combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**CONDITION ANALYSIS / CORRECTIVE ACTION SUMMARY**

TIMELINES		WORK ORDER	Same Day	24-hours	15-days	30-days	PROJECT	30-days	90-days	6-month	1-year	Other
#	CATEGORY	ITEM	ACTION NEEDED			WORK ORDER/ PROJECT #				COMPLETION DATE		
			Remove/Repair/ Replace	#	P1	P2	P3	P4				