

QUARTERLY OFFICE SAFETY AND HEALTH CHECKLIST

PERIOD COVERED: _____

BLDG: _____

ORGANIZATION INSPECTED: _____

TO: _____

This checklist is intended to assist you during your inspections. It covers items which could pose a potential hazard to associates if allowed to go uncorrected. Your inspection should cover all areas, which your associates utilize on a regular basis including common use area. If you discover anything that is not listed, please place under "other". **A Union Representative should accompany you on at least one quarterly inspection each fiscal year.**

Union contacted _____ **by** _____ **date** _____

QUARTERLY OFFICE SAFETY AND HEALTH CHECKLIST

THINGS TO LOOK FOR	N/A	YES	NO	LOCATION	REMARKS/ ACTION TAKEN/DATE
1. FIRE PROTECTION					
a. Staff is familiar with emergency signals, procedures, exit routes, and emergency equipment usage in the building.					
b. Emergency numbers are prominently posted.					
c. Emergency exits are marked and easily accessible.					
d. Exit signs are illuminated and clearly marked.					
e. Alarm locations are marked and easily accessible.					
f. Sprinkler heads are free of obstructions.					
g. Evacuation routes are posted and free of obstructions.					
h. Extinguisher locations are clearly marked and easily accessible.					
i. Safety cans and cabinets are in good condition and used for flammables.					
2. EQUIPMENT RELATED ITEMS					
a. Desks, storage and file cabinets are arranged so that drawers do not open into aisles/hallways.					
b. Drawers on desks and file cabinets open and close smoothly and have safety stops.					
c. Tops of file cabinets are free of heavy objects and unnecessary material.					
d. Drawers on files and desks and doors on bookcases are kept closed when not in use.					
e. Heavy items are stored on middle and lower shelves.					
f. Furniture is free of sharp, rough, or splintered edges.					
g. Chairs are safe and serviceable (wheels free wheeling; no sharp or rough edges; no missing nuts, bolts or screws; no tears or cracks at legs or base; backs securely fastened; adjusting mechanism working easily).					
h. Office arrangement does not create dead end aisles or obstruction to easy emergency exiting.					
3. HOUSEKEEPING					
a. Carpet is free of worn or frayed spots, secured and not present tripping hazard.					
b. Aisles are free of obstructions and protrusions.					
c. Employee work areas are free of clutter.					
d. Empty boxes are removed from work area immediately.					
e. Excess paper, cartons, and trash are removed on a regular basis.					
f. Doors are in good working condition.					

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THINGS TO LOOK FOR	N/A	YES	NO	LOCATION	REMARKS/ ACTION TAKEN/DATE
g. Phone lines and electrical cords are secured and not across aisles or create trip hazard.					
h. Access to electrical panels is not blocked.					
4. COMMON USE AREAS					
a. Elevators are in good working condition.					
b. Stairs are free of obstructions.					
c. Break areas and cafeteria are in good condition.					
d. Rest rooms are in good condition.					
e. Lighting is in good working condition.					
f. Floors and walking surfaces are in good condition.					
5. CHEMICAL RELATED ITEMS					
a. Flammable/combustible materials are stored in approved cans or self closing metal lockers.					
b. All cans and cabinets are free from leaks and in good condition.					
c. Materials are not stored near source of ignition.					
d. New/changed products/manufacturers have been reported to DW since last report.					
e. Labels on containers are legible.					
f. Acids and cleaning compounds are stored separately.					
6. OTHER ITEMS NOTED					
7. MICROWAVE OVEN					
Note: If there is a NO for any of these conditions, discontinue use immediately. Contact the Safety and Health Office, to inspect the unit.					
a. Exterior, door hinges, and power cord are in good condition.					
b. Door seal(s) or gasket(s) is in good condition.					
c. Immediately turns off when door is opened.					
d. Cycles and cooks according to manufacturers directions.					
e. No burns to interior of oven compartment (holes, craters, surface melted).					
f. No unit sparks during cooking cycle.					
g. Lining of cooking compartment/door is in good condition (Not panel split or broken).					
REMARKS: (IF MORE SPACE IS NEEDED, ATTACH SEPARATE SHEET.)					
INSPECTOR: _____			DATE: _____		
UNION REPRESENTATIVE: _____			DATE: _____		
REVIEWER: _____			DATE: _____		
RECEIVED BY SAFETY OFFICE: (DATE) _____			SPECIALIST: _____		