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| **Inspection Checklist** | |
| Location: | Completed by: |
| Time of inspection: | Contact info: |
| Date of inspection: | Contact position: |
|  | Contact signature: |

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| **Category YES NO HAZARD/COMMENTS** |

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| **Section 1: Walking Surfaces / Floors** | | | |
| Are there any floor surface transitions not easily noticed (any ridge that is as high as a footwear sole or higher)? |  |  |  |
| Are there any isolated low steps (commonly at doorways)? |  |  |  |
| Are there any trip hazards due to equipment and other objects left on the floor? |  |  |  |
| Are there any raised carpet edges or holes worn in carpets? |  |  |  |
| Are there any holes or unevenness in the floor surface? |  |  |  |
| Is there poor drainage causing pooling of fluids? |  |  |  |
| Is the floor slippery when wet? |  |  |  |
| **Section 2: Fire Prevention** | | | |
| Are fire extinguishers and first aid kits readily available? |  |  |  |
| Are fire alarms and sprinkler systems functional? |  |  |  |
| Extinguishers tag dated monthly? |  |  |  |
| Emergency numbers close to all phones? |  |  |  |
| Fire exits lit? |  |  |  |
| **Section 3: Office Equipment & Furniture** | | | |
| All equipment in good condition? |  |  |  |
| Clean and functional? |  |  |  |
| Desks are free from hazards? |  |  |  |
| Free from sharp edges and corners? |  |  |  |
| Any loose or broken parts? |  |  |  |
| Replace damaged or expired supplies? |  |  |  |
| Inspect for damage or exposed wires? |  |  |  |
| Properly assembled and adjusted? |  |  |  |

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| **Category YES NO HAZARD/COMMENTS** |

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| **Section 4: House Keeping** | | | |
| Are walkways, hallways, and stairs clear of obstructions? |  |  |  |
| Are work areas tidy and free of clutter? |  |  |  |
| Are spills promptly cleaned up? |  |  |  |
| Are waste bins provided and regularly emptied? |  |  |  |
| **Section 5: Electrical Safety** | | | |
| Are electrical panels properly labeled and easily accessible? |  |  |  |
| Are outlets and switches in good condition? |  |  |  |
| Are extension cords and power strips used safely and sparingly? |  |  |  |
| Faulty equipment is tagged out? |  |  |  |
| **Section 6: Personal Protective Equipment (PPE)** | | | |
| Are employees wearing the required PPE for their tasks? |  |  |  |
| Is PPE in good condition and properly fitted? |  |  |  |
| Are employees trained on the proper use and care of PPE? |  |  |  |
| PPE is stored in designated areas and not exposed to damage or contamination? |  |  |  |
| Signs of regular maintenance and cleaning? |  |  |  |
| **Section 7: First Aid** | | | |
| First aid kit available? |  |  |  |
| First aid kit checked monthly? |  |  |  |
| Replace any expired or depleted supplies promptly? |  |  |  |
| **Section 8: Health and Sanitation** |  |  |  |
| Are restrooms and break areas clean and well-maintained? |  |  |  |
| Is there access to clean drinking water? |  |  |  |
| Are hygiene practices encouraged and supported? |  |  |  |
| Cleaning supplies are readily available and properly stored? |  |  |  |
| Appliances have proper function? |  |  |  |
| Employees reminded of the importance of hygiene practices? |  |  |  |

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| **Category YES NO HAZARD/COMMENTS** |

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| **Section 9: Seasonal Hazards** | | | |
| **Spring:** Check for debris, fallen branches, or other hazards that may have accumulated over the winter? |  |  |  |
| **Spring:** Inspect walkways for potential slip and trip hazards due to rain or thawing ice? |  |  |  |
| **Spring:** Proper ventilation to reduce allergens like pollen? |  |  |  |
| **Summer:** Access to water and shaded areas? |  |  |  |
| **Summer:** Monitor employees for signs of heat-related illnesses? |  |  |  |
| **Fall:** Remove fallen leaves to prevent slip hazards? |  |  |  |
| **Fall:** Inspect roofs, gutters, and windows for damage that may be exacerbated by winter weather? |  |  |  |
| **Fall:** Check outdoor lighting for shorter days and adjust timers as needed? |  |  |  |
| **Winter:** Provide adequate supplies of ice melt and sand? |  |  |  |
| **Winter:** Monitor indoor temperatures to prevent cold stress? |  |  |  |
| **Winter:** Ensure employees have access to warm clothing, gloves, and hats? |  |  |  |
| **Section 10: Parking Lot** | | | |
| Is the parking lot clear of debris? |  |  |  |
| Are sidewalks, ramps and walking surfaces in good repair |  |  |  |
| Are there any potholes that may result in a trip hazard? |  |  |  |
| **Section 11: Ergonomics** | | | |
| Are chairs adjustable in terms of height, backrest angle, and armrest height? |  |  |  |
| Are monitors at eye level? |  |  |  |
| Are chairs designed with proper lumbar support? |  |  |  |
| Is the screen free from glare and reflections? |  |  |  |
| Are footrests available for employees who cannot place their feet flat on the floor? |  |  |  |
| Is the lighting sufficient and evenly distributed in the workspace? |  |  |  |
| Are wrists straight when typing? |  |  |  |
| **Category YES NO HAZARD/COMMENTS** | | | |
| **Section 12: Posted Information** | | | |
| Are all required notices and information properly posted in visible and accessible areas? |  |  |  |
| Are all posted notices clear, legible, and written in a language understood by all employees? |  |  |  |
| Are they placed at eye level and free from obstructions? |  |  |  |
| Are the posted notices up-to-date and in compliance with current regulations and company policies? |  |  |  |
| Have you checked for mandatory notices such as labor laws, health and safety guidelines, and company policies? |  |  |  |
| Are SDS sheets for hazardous substances readily available and properly organized? |  |  |  |
| Are there any faded or damaged signs that need replacement? |  |  |  |
| **Section 13: Training** | | | |
| Employees aware of security procedures? |  |  |  |
| Employees aware of emergency procedures? |  |  |  |
| Employees compliance up to date on certifications? |  |  |  |
| **Section 14: Well-being** | | | |
| Programs to Support Employee Mental Health? |  |  |  |
| Stress Reduction Initiatives? |  |  |  |
| **Section 15: Security & Access** | | | |
| Are entrances and exits secure and monitored? |  |  |  |
| Are visitors properly identified and escorted as needed? |  |  |  |
| Is access to sensitive areas restricted as required? |  |  |  |
| **Section 16: Misc** | | | |
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| **Notes / Comments** |
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