



Office Safety Inspection

Date:	Company:
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Inspected by:

Priority For Corrective Action					<u>Inspection Checklist</u>
IMMINENT DANGER	SERIOUS	MINOR	OK	NOT APPLICABLE	This list is intended as a guide in assisting you in doing a comprehensive inspection.
					Each of the following is to be rated according to its priority for corrective action. See attached for more information.
					Housekeeping: clean, spills, adequate garbages
					Electrical cords: intact, free from tripping hazard
					Proper storage of materials
					Office equipment in proper working order
					Safety bulletin board maintained
					AED battery checked
					Exit signs in place and lit if so designed
					Fire Extinguisher(s)

Hazard Observed	Recommended Action	Action Taken By	Date Complete

Additional Hazards/Comments:

Inspector Signature: _____ Date: _____

WH&S Coordinator Signature: _____ Date: _____

Sr. Management Signature: _____ Date: _____