

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_ Date: \_\_\_\_\_

Area Supervisor: \_\_\_\_\_ Area Use: \_\_\_\_\_ Phone: \_\_\_\_\_

## General Safety

- |  |     |    |     |
|--|-----|----|-----|
| 1. Is the work area clean, tidy, sanitary and free of clutter?                         | Yes | No | N/A |
| 2. Are furniture & fittings in good condition?   | Yes | No | N/A |
| 3. Are lamps & light fixtures clear of drapes, papers and other combustible materials? | Yes | No | N/A |

## Egress

- |  |     |    |     |
|--|-----|----|-----|
| 1. Are doorways & exits kept clear from obstacles and clutter? | Yes | No | N/A |
| 2. Are walkways clear and free from protruding items?          | Yes | No | N/A |
| 3. Is there adequate walking and egress clearance?             | Yes | No | N/A |

## Computer Workstations

- |  |     |    |     |
|--|-----|----|-----|
| 1. Is there adequate space on the work surface for documents, equipment and tasks to be performed? | Yes | No | N/A |
| 2. Is there adequate clearance underneath the desk for knee and leg space?                         | Yes | No | N/A |
| 3. Can the employee sit at his/her workstations comfortably?                                       | Yes | No | N/A |

## Material Storage

- |  |     |    |     |
|--|-----|----|-----|
| 1. Is there enough space for storage?  | Yes | No | N/A |
| 2. Are shelves, storage racks and bookcases (over 5 feet tall) securely bolted to walls and capable of supporting the intended loads and materials safely? | Yes | No | N/A |
| 3. Are items stored accordingly with lighter items on top and heavier items on bottom?   | Yes | No | N/A |

## Electrical

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are plugs, cords, equipment, electrical panels and receptacles in good condition (no exposed conductors, broken insulation or brown burn marks)? | Yes | No | N/A |
| 2. Are extension cords & surge suppressors being used correctly and not posing safety hazards?  | Yes | No | N/A |
| 3. Are there enough accessible power points to avoid overloading sockets?   | Yes | No | N/A |

## Trip/Fall Hazards

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are floor surfaces in safe condition? (No cracks, tears, fraying, slippery or uneven spots etc.) | Yes | No | N/A |
| 2. Are floors free of trailing cables, cords, boxes and other trip hazards?                         | Yes | No | N/A |
| 3. Are aisles and walkways free of stored material that may present trip hazards?                   | Yes | No | N/A |

## Maintenance

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are doors, windows, walls and ceilings in good condition and working order?      | Yes | No | N/A |
| 2. Are light fittings and fixtures in good condition and working order?             | Yes | No | N/A |
| 3. Are there no signs of standing water, weather damage or mold growth in the room? | Yes | No | N/A |

## Environment

- |  |     |    |     |
|--|-----|----|-----|
| 1. Is there adequate lighting?             | Yes | No | N/A |
| 2. Do noise levels appear low or moderate? | Yes | No | N/A |
| 3. Is ventilation adequate?                | Yes | No | N/A |