



Office Safety Inspection Form Injury and Illness Prevention Program

Please complete this form and return it to the Risk Management Department by the first week of May.

Location: _____ Date: _____

Supervisor: _____ Phone: _____

Inspection by: _____ Department: _____

Job Title: _____

Administration and Training

	Yes	No	NA
Does the department have a written Injury and Illness Prevention Plan (IIPP)?			
Are departmental safety records maintained in a centralized file for easy access?			
Are all departmental safety records current?			
Have all of the employees attended an IIPP training class?			
If not, what percentage has received training?	_____ %		
Does the department have a completed Emergency Action Plan?			
Percentage completed?	_____ %		
Is training being provided to employees on its contents?			
Are chemical products used in the office?			
Are Material Safety Data Sheets (MSDS) maintained?			
Are the Cal/OSHA Information Poster, Workers' Compensation Bulletin, Annual Accident Summaries <i>(must be posted during February, at a minimum)</i> and Emergency Response Guide flipchart posted?			
Is the Safety Briefs newsletter being sent to the area?			
Are annual workplace inspections being performed?			
Are records being maintained?			
Have there been any employee accidents from this department? If so # _____			
Are there Accident Investigation Reports completed for each accident?			

General Safety

	Yes	No	NA
Are all exits, fire alarms, pull boxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?			
Are all isles and corridors unobstructed to allow unimpeded evacuations?			
Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? <i>(No empty wall hooks, charge needles in the red, missing plastic pin tabs, or extinguishers on the floor.)</i>			
Are ergonomic issues being addressed for administrative personnel using computers?			
Is a fully stocked first-aid kit available?			
Do all employees in the area know its location?			

General Safety – continued

	Yes	No	NA
Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?			
Are all books and supplies stored so as not to fall during an earthquake? <i>(Store heavy items low to the floor, shelf lips on shelves above work areas.)</i>			
Is the office kept clean of trash and other recyclable materials?			

Electrical / Mechanical Safety

	Yes	No	NA
Are all plugs, cords, electrical panels, and receptacles in good condition <i>(no exposed conductors or broken insulation)?</i>			
Are all circuit breaker panels accessible with each breaker appropriately labeled?			
Are fused power strips being used in lieu of receptacle adapters?			
Is lighting adequate throughout the work environment?			
Are extension cords being used correctly? <i>(They must be placed through walls, doors, ceilings; not present a hazard running across aisle ways; not to be used as a permanent source of electrical supply – use fused outlet strips or have additional outlets installed; not to be linked together. No “thin” zip cords.)</i>			
Are portable electric heaters being used? <i>(If so, use fused power strips and locate away from combustible materials.)</i>			