

Office Inspection Report

Production:		Location:	
Inspector Name & Title:		Date of Inspection:	

A recommended minimum self-inspection frequency of each work area is on a quarterly basis (every 3 months).

Respond to every question on this checklist. If an unsafe work practice or poor condition needs follow-up, do so and indicate the date when the correction was made. Retain a copy of this checklist within your department.

		Okay at this time	Corrective Action Needed	Date for Follow-up:
1	Are all work areas kept clean and orderly?			
2	Are floors, aisles, and passageways kept clean and dry and all spills cleaned up immediately?			
3	Is the direction to exits, when not immediately apparent, marked with visible signs?			
4	Are all exit routes always kept free of obstructions?			
5	Are all exits marked with a sign and properly illuminated by a reliable light source?			
6	Are emergency phone numbers posted?			
7	Are extinguishers located along normal paths of travel?			
8	Are extinguisher locations not obstructed or blocked?			
9	Is all office furniture free from splinters, rough edges, or loose broken parts, etc.?			
10	Are doors or drawers hard to open or close?			
11	Are correct lifting procedures being followed?			
12	Are ladders that are used to reach high storage areas in good repair?			
13	Are electrical outlets being overloaded with extension cords? (Extension cords are designed for temporary use only.)			
14	Are lights missing or burned out?			
15	Are stairway handrails secure and all defective treads replaced?			
16	Are all floors free from broken or warped tile, turned up corners or edges of rugs or pads?			
17	Are all food areas clean and all waste in their correct containers?			

Item #	List conditions or work practices that need to be corrected	Explain corrective action taken: