## **WORKPLACE INSPECTION CHECKLIST FOR OFFICE ENVIRONMENTS**

	Standard OHS Workplace Inspection Checklist	
Western	Review Date:	Next Review:

Inspection Site:		
Inspection Team:	Contacts:	

Walking Surfaces	Fire Prevention	
Walkways free of obstacles	Extinguishers available and accessible	
Cords anchored or covered	Extinguishers/hose cabinets dated	
	monthly	
Floor coverings in good condition	Pull stations accessible	
No slip/trip hazards present	Electric cords/outlets in good condition	
Warnings posted when floors are wet	Electrical outlets not overloaded	
	Fire exits clear of obstruction	
Furniture/Office Equipment	Fire door closed	
In good mechanical condition	Fire exit signs lit	
Properly assembled		
Properly adjusted	Security	
Secure from tipping	Visitors have safety rules	
Free from sharp edges/corners		
Dangerous parts properly guarded	First Aid	
Emergency switches accessible (Only	First aid kit available at First Aid Station	
access to Fire Extinguishers checked)	in main photocopy room	
Preventative maintenance program	First aid kit checked monthly	
established for equipment & tools		
Loose clothing/jewelry/ID badges	WSIB poster 82 beside kit	
secured		
Appropriate for work being done	Certificates of first aiders current &	
	posted	
Defective equipment properly identified		
Unnecessary items removed		
Employees instructed on safe/proper use	Protective Clothing/Equipment	

Electrical cords at workstation secured	Equipment/clothing provided where required (Including safety kits and cellular phones)	
Bookcase/Shelves/Cabinets	Equipment/clothing used where required	
Secured from tipping	Equipment/clothing in good condition	
In good condition	Employees trained in usage	
Drawers/doors closed when not in use	Are areas appropriately signed	
One drawer of filing cabinet open at a	Do employees have/wear proper PPE	
time	when they visit other workplaces	
Material safely stored/stacked/piled		
Heavier or commonly accessed items	Posted information	
between knuckle and shoulder height		
Step stools available, if required	OH&S Act and Regulations	
	OH&S Policy	
	Floor warden/ first aider name	
Environment	Joint Health and Safety Committee	
	meeting minutes	
Light levels adequate	Early & Safe return to work program	
Air quality adequate		
Temperature and humidity adequate	Training	
People dressed appropriately for season	Employees aware of emergency	
	procedures	
Air/temperature units unobstructed	Employees aware of security procedures	
Noise levels appropriate	Employees provided information and	
	instruction to protect their Health and	
	Safety	
Hazardous materials properly labeled	Staff Training up-to-date	
Hazardous materials properly stored		
Unexpired Material Safety Data Sheets	Procedures	
are available		
Housekeeping satisfactory	Proper use of ergonomic equipment	
No construction hazards present	Procedures for manual materials handling	
1	in/around inspection area	
Disabled	Other Unsafe Acts/Conditions	
Required accommodations provided	Contactor infractions (e.g. safe use of	
	ladder)	
Accommodations provided are functional	Randomly ask employees about "near	
•	misses"	

Inspector's Signature Date
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Sent to	0:
	Worker
	Supervisor/Manager
	Dean or Chair
	JOHSC
	Other

## **Corrective Measures**

Description and Location of Hazard	Minor	Moderate	Major	Corrective Action (who, what, when)	Communication and Follow-up

all corrective actions have been completed, and, copies of this form have been forwarded to those indicated above.

Date\_\_\_\_\_

Inspector's Signature\_\_\_\_\_