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| **Office Inspection Form** | | | | |
| **To be completed monthly** | | | | |
| DATE OF REPORT (MM/DD/YYYY): | | | | TIME:  AM  PM |
| FORM FILLED OUT BY: | | | | |
| **DESCRIPTION** | **YES** | **NO** | **N/A** | **COMMENTS** |
| **EQUIPMENT** | **YES** | **NO** | **N/A** |  |
| WIRING, SWITCHES AND CORDS IN ORDER |  |  |  |  |
| ELECTRICAL FANS, TOOLS IN GOOD WORKING CONDITION |  |  |  |  |
| OFFICE MACHINES IN GOOD WORKING ORDER |  |  |  |  |
| **WORK AREA AND WORK STATION** | **YES** | **NO** | **N/A** |  |
| ADEQUATE SPACE |  |  |  |  |
| ADEQUATE MATERIAL STORAGE |  |  |  |  |
| ITEMS NOT BEING STACKED WITH POTENTIAL TO FALL |  |  |  |  |
| DESK AND CHAIRS IN GOOD CONDITION |  |  |  |  |
| ERGONOMICS/MSI CONSIDERED |  |  |  |  |
| **EMERGENCY PLAN/ EQUIPMENT** | **YES** | **NO** | **N/A** |  |
| MUSTER POINT IDENTIFIED/ EMERGENCY EXITS NOT OBSTRUCTED |  |  |  |  |
| EMERGENCY NUMBERS POSTED |  |  |  |  |
| FIRE EXTINGUISHER LOCATION(S) IDENTIFIED  MONTHLY CHECKS COMPLETE & CURRENT |  |  |  |  |
| FIRST AID KIT(S) |  |  |  |  |
| **ELECTRICAL** | **YES** | **NO** | **N/A** |  |
| SWITCHES AND OUTLETS HAVE PLATE COVERS |  |  |  |  |
| BREAKERS IDENTIFIED AND UNOBSTRUCTED ACCESS |  |  |  |  |
| ELECTRICAL CORDS IN GOOD CONDITION |  |  |  |  |
| ADEQUATE LIGHTING/ILLUMINATION |  |  |  |  |
| **GENERAL** | **YES** | **NO** | **N/A** |  |
| FLOOR FREE OF TRIPPING HAZARDS |  |  |  |  |
| AISLES, STAIRWELLS AND EXITS UNOBSTRUCTED |  |  |  |  |
| FIRE ALARMS AND SMOKE DETECTORS |  |  |  |  |
| EXIT’S IDENTIFIED |  |  |  |  |
| SHELVING SECURED |  |  |  |  |