|  |
| --- |
| **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) IDENTIFIEDMONTHLY 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  |[ ] [ ] [ ]   |