

# 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
<b>EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
WIRING, SWITCHES AND CORDS IN ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL FANS, TOOLS IN GOOD WORKING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OFFICE MACHINES IN GOOD WORKING ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WORK AREA AND WORK STATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
ADEQUATE SPACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE MATERIAL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ITEMS NOT BEING STACKED WITH POTENTIAL TO FALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DESK AND CHAIRS IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ERGONOMICS/MSI CONSIDERED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMERGENCY PLAN/ EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
<b>MUSTER POINT IDENTIFIED/ EMERGENCY EXITS NOT OBSTRUCTED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMERGENCY NUMBERS POSTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EXTINGUISHER LOCATION(S) IDENTIFIED MONTHLY CHECKS COMPLETE & CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRST AID KIT(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ELECTRICAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
SWITCHES AND OUTLETS HAVE PLATE COVERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BREAKERS IDENTIFIED AND UNOBSTRUCTED ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL CORDS IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ADEQUATE LIGHTING/ILLUMINATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
FLOOR FREE OF TRIPPING HAZARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AISSLES, STAIRWELLS AND EXITS UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE ALARMS AND SMOKE DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EXIT'S IDENTIFIED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SHELVING SECURED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	