

## Workplace Safety Inspection – Office/ Common Areas

Managers / supervisors are responsible for ensuring that corrective actions are implemented within their area as per [Workplace Inspection procedures](#)

College / Portfolio	
Location (identify building, level, rooms):	
Date of inspection	

Name of person(s) conducting inspection:

Are there any actions/ issues from previous inspections requiring review?

No.	A. EMERGENCY	Yes	No	N/A	Comments / Action required
A1	Are emergency site plans displayed and oriented to their position (i.e. nearby corridor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
A2	Are all fire exits accessible, not blocked & uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3	Is fire equipment accessible & unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4	Are emergency exit lights functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5	Has fire equipment been serviced within the last 6 months (check tag)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.	B. FLOORS, AISLES , STAIRS & LANDING				
B1	Are all walkways free from cords, trip hazards and rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
B2	Are all entrances/exits and doorways kept clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B3	Are all floors safe and not slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B4	Are paths, corridors and floor coverings in good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B5	Are slip resistant strips on edge (nosing) of steps in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B6	Are handrails present and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.	C. ELECTRICAL				
C1	Are power points, power boards, and cords free of visible damage, and not overloaded? (No double adaptors or piggy back plugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
C2	Are there an adequate number of power points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3	Are power points and light switches not damaged and in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4	Are electrical appliances free from visible damage and in good working order? (switches, buttons, casing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5	Are all electrical items marked either “New to Service” or have been tested, tagged and in date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.	D. GENERAL				
D1	Are the lights working and is the lighting adequate for work being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
D2	Are windows and doors in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D3	Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D4	Is furniture in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D5	Are desks and chairs suitable for the occupant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D6	Are ceilings in good condition and intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D7	Are suitable and sufficient facilities provided for storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D8	Are materials and equipment stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D9	If kitchen facilities present, are appliances free of damage, tidy and hygienic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D10	Are work areas clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>No.</b>	<b>E. OTHER HAZARDS</b>				
E1	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
E2	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	