

Inspected by: _____

Area inspected: _____

Department: _____

Date: _____

Office Area, Classroom, and Workshop Inspection Checklist		Yes	No	NA
1	Is appropriate clearance provided around electrical panels (36" in front and minimum width of 30")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are electrical panels identified, closed, and no combustible items are stored inside electrical rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the use of extension cords prevented, discouraged or limited, and for temporary work only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are wall outlets and switch plates in good condition? Are the plugged-in devices grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is minimum clearance (18") maintained between sprinkler heads and any stored materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are fire extinguishers mounted, unobstructed, accessible, inspected monthly, and certified annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are fire alarm boxes and emergency light fixtures clearly identifiable and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are all hazardous chemicals stored inside safety cabinets when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are ventilation/exhaust fans activated when hazardous chemicals are dispensed or mixed indoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are good chemical hygiene practices (protective equipment, exposure control, etc.) maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are ceiling, pipes, and overhead fixtures free of any suspended combustible or obstructive items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are doors or stairways that are neither exits nor provide access to exits marked "NOT AN EXIT"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are stairways maintained with a slip-resistant surface and are handrails maintained in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are evacuation diagrams posted throughout the area and emergency exits are free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Do self-closing devices and door latches on fire-rated corridor and stairwell doors work properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are aisles and walkways at least 36" wide and free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are corridors and egress route components at least 44" wide and free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are flooring surfaces kept clean, dry, and repaired to prevent slip, trip, and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are office cabinets kept closed and file drawers secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Are shelves, cabinets, and storage racks over 4 feet in height bolted down and contents secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	If materials are stored on top of shelves, bookcases, etc., are they secured from falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are step stools and ladders used properly to reach overhead items or spaces above storage cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Are all workplace areas, corridors, stairways, and emergency access points adequately illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Are good housekeeping measures observed to prevent clutter around and at workstations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Are acceptable levels of occupancy comfort (indoor air quality, temperature, etc.) maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Are first aid kits accessible, inspected monthly and replenished as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Are lock-out/tag-out procedures observed for all power tools and machines not in use or under repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Have all broken, unguarded, or unsafe furniture, tools, or supplies been repaired or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Are departmental safety training records maintained and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Were any other hazards observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

