LOCATION:	DATE:	
MANAGER: _	DEPARTMENT:	
INSPECTOR:	JOB TITLE:	
	Administration and Training	
Yes □ No □N/A □ A 1.	Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?	
Yes 🔲 No 🗌 N/A 🔲 A 2.	Have all employees attended Orientation & Safety training program?	
Yes 🗖 No 🗍 N/A 🗍 A 3.	Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?	
Yes 🗋 No 🗌 N/A 📋 A 4.	Are chemical products used in the office being purchased in small quantities?	
Yes 🗖 No 🗍 N/A 🗍 A 5.	Are all employees familiar with the use of SDS's and where they are located? Provide location:	
Yes 🗖 No 🗍 N/A 🗍 A 6.	Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted? Date on annual postings should be XXXXX of the current year.	
Yes 🗋 No 🗌 N/A 🔲 A 7.	Are annual workplace inspections being performed and documented?	
	General Safety	
Yes 🗌 No 🛄 N/A 🔲 G 1.	Are exits, fire alarms, pull boxes, and sprinklers clearly marked and unobstructed?	
Yes 🗌 No 🗌 N/A 🗍 G 2.	Are aisles and corridors unobstructed to allow unimpeded evacuations?	
Yes 🗌 No 🗌 N/A 🗍 G 3.	Is a clearly identified, unobstructed, charged, currently inspected and tagged, wall- mounted fire extinguisher available within 75 feet of all work areas? For extinguisher service, contact Shops' maintenance dept (5-7593).	
Yes 🗌 No 🗌 N/A 🗍 G 4.	Are ergonomic issues being addressed for employees using computers?	
Yes 🗌 No 🗌 N/A 🗍 G 5.	Is a fully stocked first-aid kit available? Is the location known to all employees in the area?	
Yes 🗌 No 🗌 N/A 🔲 G 6.	Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?	
Yes 🗌 No 🗌 N/A 🔲 G 7.	Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?	
Yes 🗌 No 🗌 N/A 🔲 G 8.	Is the office kept clean and organized of trash and recyclable materials promptly removed?	
Yes 🗌 No 🗌 N/A 🔲 G 9.	Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?	
	Electrical Safety	
Yes □ No □N/A □ E 1.	Are circuit breaker panels accessible and labeled?	
Yes 🗌 No 🗌 N/A 🗍 E 2.	Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?	
Yes 🗌 No 🗌 N/A 🗍 E 3.	Is lighting adequate throughout the work environment?	
Yes 🗌 No 🗌 N/A 🗍 E 4.	 Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. Extension cords are for temporary use only. 	
Yes 🗌 No 🗌 N/A 🔲 E 5.	Are portable electric heaters being used? Is the user department aware of Executive Order 987 banning the use of resistance heaters in university facilities?	
Certification of Completion		
Manager:	Date:	
Director Approval:	Risk Management:	

OFFICE INSPECTION CHECK LIST

I

Report of Corrective Action

Form Instructions; in the boxes below, provide a detailed description of each item identified during the audit as needing attention and/or correction. Any violations or corrections from previous audits that were not previously reported as closed must be listed at the top of the page and marked in the "Open Item" column. Audits that do not produce a list of corrective actions shall be noted with "No Corrections Required". Line" refers to the line number of the item needing corrective action.

RVC Location:	Date:	
VIOLATION/CORRECTION	Submitted for Maintenance or Repair WO #Is this an Open Item from Previous Audit?Corrective Action Completion DateManager / Manager / Supervisor Initials	
Reference Line:	YES NO	
Reference Line:	YES	
Reference Line:	YES NO	
Reference Line:	YES	
Reference Line:	YES NO	
Reference Line:	YES NO	
Reference Line:	YES	
Reference Line:	YES	
Reference Line:	YES NO	
Reference Line:	YES	
Reference Line:	YES	

Certification of Completion

Manager:

Director:

Date: