

OFFICE INSPECTION CHECK LIST

LOCATION: _____

DATE: _____

MANAGER: _____

DEPARTMENT: _____

INSPECTOR: _____

JOB TITLE: _____

Administration and Training

- Yes No N/A 1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?
- Yes No N/A 2. Have all employees attended Orientation & Safety training program?
- Yes No N/A 3. Does the department have a completed Emergency Action Plan? Are employees being trained on its contents?
- Yes No N/A 4. Are chemical products used in the office being purchased in small quantities?
- Yes No N/A 5. Are all employees familiar with the use of SDS's and where they are located?
- Yes No N/A 6. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted?
- Yes No N/A 7. Are annual workplace inspections being performed and documented?

General Safety

- Yes No N/A 8. Are exits, fire alarms, pull boxes, and sprinklers clearly marked and unobstructed?
- Yes No N/A 9. Are aisles and corridors unobstructed to allow unimpeded evacuations?
- Yes No N/A 10. 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 11. Are ergonomic issues being addressed for employees using computers?
- Yes No N/A 12. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?
- Yes No N/A 13. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?
- Yes No N/A 14. 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 15. Is the office kept clean and organized of trash and recyclable materials promptly removed?
- Yes No N/A 16. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?

Electrical Safety

- Yes No N/A 17. Are circuit breaker panels accessible and labeled?
- Yes No N/A 18. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?
- Yes No N/A 19. Is lighting adequate throughout the work environment?
- Yes No N/A 20. 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 21. 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: _____

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".

RVC Location: _____

Date: _____

VIOLATION/CORRECTION	Submitted for Maintenance or Repair WO #	Is this an Open Item from Previous Audit?	Corrective Action Completion Date	Manager / Supervisor Initials
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
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		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		

Certification of Completion

Manager: _____

Director: _____

Risk Management: _____

Date: _____