

Office Safety Assessment Report

Date: _____

Assessor Name: _____

Office Location: _____

Department/Area: _____

Assessment Summary

Safety Checklist

Item	Status (Yes/No/N/A)	Comments
Emergency exits accessible		
Fire extinguishers available & inspected		
First aid kit(s) available & stocked		
Electrical cords in good condition		
Workspaces free of clutter/trip hazards		
Proper storage of materials/chemicals		
Ergonomic workstation setup		

Hazards Identified

Recommendations & Actions

Additional Notes

Assessor Signature: _____

Date: _____

