

Blank Office Safety Inspection Report

Date: _____

Location/Department: _____

Inspector Name: _____

Job Title: _____

Safety Inspection Checklist

Item	Yes	No	Comments/Actions Required
Walkways clear and unobstructed	_____	_____	
Fire extinguishers accessible and properly tagged	_____	_____	
Emergency exits clearly marked and free of obstructions	_____	_____	
Electrical cords in good condition, properly placed	_____	_____	
First aid kits available and stocked	_____	_____	
Proper storage of materials and supplies	_____	_____	
Spill and slip hazards addressed	_____	_____	
Ergonomic workstation practices	_____	_____	
Signage and safety information posted	_____	_____	
Other (specify): _____	_____	_____	

Additional Comments / Observations

Actions Required / Recommendations

Inspector Signature

Date: _____

Supervisor Signature

Date: _____