

# Office Safety Inspection Checklist

Date of Inspection:

Inspected By:

Office/Department:

Location:

No.	Item/Area	Inspection Criteria	Yes	No	Comments/Action Required
1	Workstations	Chairs, desks, and equipment in good condition?			
2	Electrical Safety	Cords undamaged and not creating trip hazards?			
3	Fire Extinguishers	Accessible and inspected regularly?			
4	Emergency Exits	Clearly marked and unobstructed?			
5	First Aid Kits	Stocked and accessible?			
6	Housekeeping	Floors clean, dry, and free from obstructions?			
7	Lighting	Adequate throughout office areas?			
8	Storage Areas	Properly organized, stored and labeled?			
9	Signage	Safety signage present where needed?			
10	Other				

Additional Comments / Actions Taken:

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