

# Office Safety Walkthrough Checklist

Date

Location

Inspector

## Checklist

Area / Item	Yes	No	N/A	Comments / Actions Needed
Exits clear and accessible				
Fire extinguishers present and inspected				
First aid kit available and stocked				
Walkways free from obstruction and tripping hazards				
Electrical cords in good condition				
Emergency contact numbers posted				
Ergonomic workstation setup				
Proper storage of materials and supplies				
Cleanliness and housekeeping				
Other (specify):				

## Additional Comments / Observations

Inspector's Signature

Date