Office Safety Inspection Checklist

Name of Building________________________________________

I. Fire Extinguishers – visible, accessible, inspected monthly (back of tag signed)?

II. Exit signs – are there internally illuminated?

III. Emergency lights – do they work when tested and are they check monthly?

IV. Exit doors unlocked?

V. Are all electrical junction boxes, switches and outlets provided with covers?

VI. Are electrical cords in good condition?

VII. Are there any trip hazards?

VIII. Are there any hazardous materials stored in the workplace?

IX. Is the OSHA poster displayed in the workplace?

X. Do employees know how to report an accident?

XI. Do the employees have any safety concerns?

XII. Are employees familiar with:

a. Fire plan and evacuation
b. Tornado response plan
c. Medical emergency response
d. Shelter in place

XIII. Other safety concerns

Surveyor_______________________ Date_______________