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|  | **Office Safety Checklist** |  |
| **FREQUENCY** | **DATE** |
| **WEEKLY / MONTHLY / QUARTERLY (Select as applicable)** |  |
| **Location .......................................................................** |
| Office Safety - ITEMS TO CHECK | **YES** | **NO** | **IMP.** |
| 1.Emergency exits are clearly marked and unobstructed. |  |  |  |
| 2.Fire extinguishers are available, properly mounted, and accessible. |  |  |  |
| 3.Electrical cords and outlets are in good condition with no exposed wiring. |  |  |  |
| 4.First aid kits are stocked and accessible. |  |  |  |
| 5.Emergency lighting is functional and well-maintained. |  |  |  |
| 6.Workstations are ergonomically set up to prevent strain or injury. |  |  |  |
| 7.Floors and walkways are free of tripping hazards (cords, loose carpets, clutter). |  |  |  |
| 8.Office furniture (chairs, desks, shelves) is in good condition and stable. |  |  |  |
| 9.Proper waste disposal practices are in place, and bins are not overflowing. |  |  |  |
| 10.Air quality and ventilation systems are functioning properly. |  |  |  |
| 11.Employees are aware of emergency evacuation procedures. |  |  |  |
| 12.Ladders and step stools are available and in safe working condition. |  |  |  |
| 13.Fire alarms and smoke detectors are operational and tested. |  |  |  |
| 14.Kitchen and break areas are clean and free of hazards. |  |  |  |
| 15.Security measures (locks, access control, CCTV) are in place and functional. |  |  |  |
| 16.Proper storage of office supplies, chemicals, and flammable materials. |  |  |  |
| 17.Employees follow proper lifting techniques to prevent injuries. |  |  |  |
| 18.Signage for hazards, safety rules, and emergency procedures is visible. |  |  |  |
| 19.Drinking water and sanitation facilities are clean and available. |  |  |  |
| 20.Office safety training and drills are conducted as per schedule. |  |  |  |
| **Comments:** |  |  |
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|  |
| ****Office Safety Condition and Quantity Check**** |
| Safety Equipment | Location | Qty | OK | Not OK | Remarks (Mention Check No.) |
| Fire Extinguishers |  |  |  |  |  |
| First Aid Kits |  |  |  |  |  |
| Emergency Lighting |  |  |  |  |  |
| Fire Alarms |  |  |  |  |  |
| Smoke Detectors |  |  |  |  |  |
| Emergency Lighting |  |  |  |  |  |
| Smoke Detectors |  |  |  |  |  |
| **Inspected By;****Name: .............................................. Designation: ..................................... Signature: .....................................** |