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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: .....................................** | | | | | | | | | | | | |