

_____ Quarter\Monthly Safety Inspection Checklist

SECTION _____ Date: _____

If an item is considered to be "UNSAFE"- go to the last page and complete the "Comments" section.

ITEM	N/A (explain)	YES	NO
1. Is there litter or spilled liquid on the floor?			
2. Are floor surfaces chipped, does carpeting show worn spots or holes?			
3. Are warning signs posted near repair work or redecorating?			
4. Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?			
5. Are cords placed where they might trip a passerby?			
6. Do cords looked frayed? Are they bent around hooks or stepped on?			
7. Are flimsy extension cords in use? (All extension cords should be 3-pronged)			
8. Are all electrical equipment connected with three pronged plugs?			
9. Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?			
10. Any employees observed performing unsafe behavior?			
11. Is one or more desk or file drawer left open?			
12. Are files top-heavy with empty drawers at the bottom and full drawers on top?			
13. Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?			
14. Is equipment turned off/powerd down when not in use?			
15. Do employees secure dangling jewelry or floppy clothing around machinery?			

16. Is the paper cutter placed in a safe location and secure while not in use?			
17. Are items with sharp edges stored properly?			
18. Are fire exits clearly marked?			
19. Have fire extinguishers been inspected recently? (Is the needle in the green?)			
20. Are emergency numbers available; medical, fire, and security assistance?			
21. Are sprinklers and/or smoke detectors clean and unobstructed?			
22. Is there a trained first-aider in the area? If not, are the numbers and names of trained personnel available?			
23. Are adequate first aid supplies available?			
24. Do employees practice good house keeping and maintain a safe environment in their respective work areas?			
25. Has a complete walkthrough assessment of the facility been conducted to determine the presence of hazardous materials?			

COMMENTS: Please specify item number, location of deficiency and the corrective action being taken. If it cannot be corrected immediately, you must record the deficiency on the hazard log so that follow-up can occur.

Area Inspected by _____ Date _____
Signature of Inspector