 **Office Inspection Checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Frequency:  🞏 Quarterly 🞏 Annual 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **All No answers need corrective actions identified and completed** | | | | | | | | |
| **Hazard** | | Yes | No | NA | Target Date for Completion | | Date Completed | Corrective Action Needed |
| 1 | Are all exits clear and properly marked? |  |  |  |  | |  |  |
| 2 | Exit illuminated for buildings with occupant load over 50 (§3216) Exit Signs? |  |  |  |  | |  |  |
| 3 | Are all stairs clear, in good order, and free of debris? |  |  |  |  | |  |  |
| 4 | Fire extinguishers in appropriate places and inspected monthly? |  |  |  |  | |  |  |
| 5 | Electrical panels closed and properly labeled? |  |  |  |  | |  |  |
| 6 | All electrical outlets have covers in good condition? |  |  |  |  | |  |  |
| 7 | All walkways (min. 24”) are clear of debris and tripping hazards? |  |  |  |  | |  |  |
| 8 | Storage shelves secure to prevent tipping? |  |  |  |  | |  |  |
| 9 | Appropriate lighting for work tasks and regularly maintained? |  |  |  |  | |  |  |
| 10 | Effective ventilation for work tasks? |  |  |  |  | |  |  |
| 11 | Electrical ground plugs in place? |  |  |  |  | |  |  |
| 12 | Appropriate security lighting? |  |  |  |  | |  |  |
| 13 | Facility is secure and locked to prevent unwanted entry? |  |  |  |  | |  |  |
| 14 | Outside walking surfaces free of trip hazards? |  |  |  |  | |  |  |
| 15 | All required posters are displayed? |  |  |  |  | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | | Yes | No | NA | Target Date for Completion | Date Completed | Action Needed |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |
| Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |