

_____ 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 look 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/powering down when not in use?			
15. Do employees secure dangling jewelry or floppy clothing around machinery?			

Area Inspected by _____ Date _____
Signature of Inspector