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			
<u>_</u>	traffic?			
5.	Are cords placed where they might trip a			
	passerby?			
6.	Do cords looked frayed? Are they bent			
7	around hooks or stepped on?			
/.	Are flimsy extension cords in use? (All			
0	extension cords should be 3-pronged)			
δ.	Are all electrical equipment connected with			
0	three pronged plugs?  Are electrical outlet boxes or bonnets			
9.	exposed so that they pose a tripping			
	hazard?			
10	Any employees observed performing			
10.	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			
L	of files, storage cabinets, and windowsills?			
14.	Is equipment turned off/powered 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, lo	
<b>COMMENTS</b> : Please specify item number, lo If it cannot be corrected immediately, you must can occur.	
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Area Inspected by _			Date	
1	Signature of Inspector		-	