

SELF INSPECTION, OFFICE

FACILITY: _____

DATE: _____

ITEM:	Satisfactory	Unsatisfactory	Reported
Is the fire extinguisher mounted, readily accessible and fully charged?			
Do each of the personnel know their responsibilities during a disaster?			
Are equipment and supplies stored safely?			
Are all exits and corridors unobstructed?			
Have you eliminated extension cords and electrical hazards?			
Does each employee know how to operate and maintain your machinery and equipment?			
Do you have ergonomically-sound work stations?			
Are all floors and walking surfaces safe?			
Is the dolly readily available?			
Is tall furniture over three feet affixed to the wall?			
Do staff routinely practice wrist exercises when using a keyboard for an extended time?			
Are safe work practices being observed by all?			

Comments: _____

Inspector: _____