

## I-4 ASSURANCE SAFETY INSPECTION (Office)

**DATE:**

**OFFICE MANAGER:**

**OFFICE NAME:**

**LOCATION:**

**INSPECTION COMPLETED BY:**

<b>GENERAL SAFETY:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Signage: Emergency numbers, Plan, Rules, Policy, WCB 123 POSTED?			
List of First Aiders on site?			
MSDS available at front desk?			
First Aid Kit on site & well stocked?			
Most recent tool box meeting posted?			

### HOUSEKEEPING

Are Doorways clear and unblocked?			
Have tripping or slipping hazards been eliminated?			
Are stairs/ladders clear and well lit?			
Lighting in offices adequate?			
Have ergonomic concerns been addressed... (keyboard elevation, chair adjustment)			
Kitchenette electrical issues been resolved?			
Office electrical issues been resolved?			

### EMERGENCY EQUIPMENT

Emergency lighting tested?			
Fire Extinguishers checked each month?			

### STORAGE AREAS

No flammable or dangerous substances in side? (Gasoline, propane, ect.)			
Are WHMIS controlled products labelled?			
Are storage areas kept neat and tidy?			
Are storage racks under there rated capacity?			

### SANITATION

Are washrooms and food preparation areas clean?			
Is the Fridge clean?			
Is the Microwave clean?			
Are the food prep counters and sinks clean?			

### GENERAL OFFICE

Are extension cords used extensively?			
Electrical or extension cords trip hazards non-existent?			
Is electrical wiring properly concealed?			
Are filing cabinets loaded with heaviest loads in the bottom drawers?			
Are filing cabinet and desk drawers kept closed when not in use?			
Sharp objects or corners present are non existent?			

Comments:			

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