



HOME OFFICE SAFETY CHECKLIST

LOCATION: _____ DATE: _____

INSPECTED BY: _____

SUPERVISOR'S REVIEW: _____
(Signature)

| CATEGORY | YES | NO | ACTION REQUIRED | COMPLETION DATE |
|---|-----|----|-----------------|-----------------|
| A. WORKPLACE CONDITIONS | | | | |
| 1. Floors | | | | |
| • Free of trip, slip, fall hazards. | | | | |
| • Free of protrusions, loose tiles, or carpets. | | | | |
| 2. Aisles, Walkways | | | | |
| • Clear and unobstructed. | | | | |
| 3. Stairs | | | | |
| • Clear and unobstructed. | | | | |
| • Tread and edgings slip resistant. | | | | |

| | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> Railing provided and in good condition. | | | | |
| 4. Exits | | | | |
| <ul style="list-style-type: none"> Clear and unobstructed. | | | | |
| <ul style="list-style-type: none"> Outside landings, walkways clean (snow and ice). | | | | |
| 5. Lighting | | | | |
| <ul style="list-style-type: none"> Walking/working areas adequately illuminated. | | | | |
| <ul style="list-style-type: none"> Light fixtures in good condition. | | | | |
| 6. Ergonomics | | | | |
| <ul style="list-style-type: none"> Are proper ergonomic furniture/principles used? | | | | |
| <ul style="list-style-type: none"> Are proper lifting methods used? | | | | |
| B. STORAGE | | | | |
| 1. Storage | | | | |
| <ul style="list-style-type: none"> Adequate shelving available. | | | | |
| <ul style="list-style-type: none"> Shelving secured. | | | | |
| <ul style="list-style-type: none"> Material properly stacked (heavy material on bottom) and is it stable. | | | | |

| C. EQUIPMENT/FURNISHINGS | | | | |
|---|--|--|--|--|
| 1. Equipment Condition | | | | |
| <ul style="list-style-type: none"> In good repair. | | | | |
| <ul style="list-style-type: none"> Properly located. | | | | |
| 2. Furnishings | | | | |
| <ul style="list-style-type: none"> File cabinets secure and loaded from bottom drawer to top drawer. | | | | |
| <ul style="list-style-type: none"> No broken areas on desks, chairs, etc. | | | | |
| <ul style="list-style-type: none"> No unsafe practices – drawers open, objects on floor, etc. | | | | |
| D. ELECTRICAL | | | | |
| 1. Power cords in good condition – no exposed wires, not frayed or with cracked plugs. | | | | |
| 2. Three-pronged plugs used where required. | | | | |
| 3. Cords properly placed or secured to prevent tripping. | | | | |
| 4. Adequate number of outlets provided. No overloading outlets with too many plugs. | | | | |

| E. EMERGENCY SYSTEMS | | | | |
|---|--|--|--|--|
| 1. First Aid | | | | |
| <ul style="list-style-type: none"> Adequately stocked – first aid kits provided | | | | |
| <ul style="list-style-type: none"> Treatment recorded in record book. | | | | |
| 2. Smoke Detectors | | | | |
| <ul style="list-style-type: none"> Properly installed with working batteries. | | | | |
| 3. Fire Extinguishers | | | | |
| <ul style="list-style-type: none"> Properly mounted, inspection date noted and signed. | | | | |
| F. GENERAL FACILITY | | | | |
| 1. Worker works in a safe manner. | | | | |
| 2. Good housekeeping and sanitary practices in washrooms and kitchens. | | | | |