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**How to use this checklist:**

The goal of a checklist is to be specific to your work site. The following is a premade checklist, items on the ***Checklist Items*** column (far left) should be altered in the following ways before being used:

1. Some of the checklist items will not apply to the area in your facility. If this is the case – **remove them.**
2. Some checklist items may apply to the area but are not health and safety concerns – **remove them.**
3. There are things not included on this checklist that are important for the health and safety of people in the area specific to your facility – **add them**. (ensure that yes is the desired response)

If your workplace uses an emergency code system, be sure to explore different codes each inspection. While doing the inspection, look for positive health and safety observations that can be communicated and shared. This is an important part of inspecting and is needed to properly fill out the inspection report.

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**Sample Inspection Checklist – Administration and Reception Areas**

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| **INSPECTION Checklist – Administration and Reception Areas** | | | | |
| Inspection Team: | | | Date: | |
|  | | |
|  | | |
| **Before inspecting the area:**   * Read previous Inspection Report, follow up on any actions taken * Review any incidents since the last inspection and follow up on corrective actions * View the Hazard Assessments and controls to observe during the inspection | | | | |
| **Checklist Item** | **Item Fulfilled?** | | | **Action Required** |
| **Yes** | **No** | |
| **A. Administrative Office:** | | | | |
| Is the work area free of clutter or other hazards? |  |  | |  |
| Are floors clear of any slip / trip hazards? |  |  | |  |
| Are garbage / recycle containers emptied regularly? |  |  | |  |
| Is office equipment in good working condition? (chairs, desk, filing cabinets, countertops) |  |  | |  |
| Are heavy items stored in such a way so that staff don’t need to reach overhead for them? |  |  | |  |
| Are work areas well lit? |  |  | |  |
| Are electrical cords secured along the floor or bundled to prevent tripping? |  |  | |  |
| Is all electrical equipment grounded? (Have the 3 prongs) |  |  | |  |
| Are all computers equipped with surge protection? |  |  | |  |
| Are electrical cords and /or plugs in good condition? (no fraying) |  |  | |  |
| Are plug-ins overloaded? |  |  | |  |
| Are staff able to describe emergency procedure? (Codes) |  |  | |  |
| Are staff utilizing proper body mechanics while working? |  |  | |  |
| Is the workspace designed in such a way that staff can use correct body mechanics? |  |  | |  |
| **B. Reception Area:** | | | | |
| Is the work area free of clutter or other hazards? |  |  | |  |
| Are floors clear of any slip / trip hazards? |  |  | |  |
| Are garbage / recycle containers emptied regularly? |  |  | |  |
| Is office equipment in good working condition? (chairs, desk, filing cabinets, countertops) |  |  | |  |
| Are heavy items stored in such a way so that staff don’t need to reach overhead for them? |  |  | |  |
| Are work areas well lit? |  |  | |  |
| Are electrical cords secured along the floor or bundled to prevent tripping? |  |  | |  |
| Is all electrical equipment grounded? (Have the 3 prongs) |  |  | |  |
| Are all computers equipped with surge protection? |  |  | |  |
| Are electrical cords and /or plugs in good condition? (no fraying) |  |  | |  |
| Are plug-ins overloaded? |  |  | |  |
| Are staff able to describe emergency procedure? (Code of the month) |  |  | |  |
| Are staff utilizing proper body mechanics while working? |  |  | |  |
| Is the workspace designed in such a way that staff can use correct body mechanics? |  |  | |  |
| Is area sanitized on a regular basis? |  |  | |  |
| **C. Storage closets:** | | | | |
| Are storage rooms uncluttered? |  |  | |  |
| Are heavy items stored below waist level? |  |  | |  |
| Are ladders or stools available for reaching? |  |  | |  |
| Are storage rooms well lit? |  |  | |  |
| **Additional Observations:** | | | | |
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| **Positive Safety Observations** |
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| --- | --- | --- |
| Review Inspection findings with: | | |
|  | Signature | Date |
| **Dept Supervisor/Manager** |  |  |
| **HSC** |  |  |