



Office Inspection Checklist

Inspector Name: Hannah Jones Date: 23 - Oct - 23

Item Description	Initials	Notes (if applicable)
General – Whole Office		
OHS Policy Statement available in office	HH	
Floors are clear of debris, loose materials, etc.	HH	
Furniture is safe (no sharp edges, designed for its purpose)	HH	
Materials/items are properly stored	HH	
File cabinet drawers are not overloaded	HH	
Walkways are clear from tripping hazards (loose materials, torn carpet, etc.)	HH	
Cords and extension cords are free from walking spaces	HH	
Items are clear from heaters, light switches, outlets, windows, and electrical panel (i.e., stacked boxes)	HH	
Garbage and recycling is properly being disposed	HH	
Lighting		
All lights are working (ceiling and lamps)	HH	
Adequate lighting in offices (i.e., no glare on screen from window or other lighting)	HH	
Adequate lighting inside the building when exiting the office	HH	
Adequate lighting outside the building and in the parking lot	HH	
Emergency Equipment		
Fire extinguisher(s) regularly tested and certified	HH	
Emergency exit signs visible and working	HH	
Emergency exit plan available near exiting door	HH	By stairs / in kitchen
Emergency exit lighting in place	HH	
Clear path to reach fire equipment	HH	
First Aid kit(s) available and stocked	HH	
Ergonomics		
Each individual in the office has adequate desk set up (i.e., chair, desk, etc. set up is ergonomically correct for them)	HH	
Air conditioning work properly	HH	
Heat/heaters work properly	HH	
Miscellaneous		
Salt available at front building door	HH	
Other:		



Corrective Action

From the list above, complete a corrective action need for that item (if needed). Leave this side blank if corrective action is not needed. Corrective action will be communicated to the senior management team, Regatta Plaza Building Manager and/or Senior Manager, Building Operations, Colin Murphy. Sign below to complete the inspection and send this to Hannah.janes@nl.ymca.ca for storage and attach to the bulletin board.

Item #1: _____

Corrective Action:

Item #2: _____

Corrective Action:

Item #3: _____

Corrective Action:

Item #4: _____

Corrective Action:

Item #5: _____

Corrective Action:

Item #6: _____

Corrective Action:

Inspector Signature: 