

TEXAS A&M UNIVERSITY-TEXARKANA

OFFICE ENVIRONMENT SELF-INSPECTION CHECKLIST

DEPARTMENT _____ **ROOM #** _____
LOCATION: BUILDING _____ **INSPECTED BY** _____

During the inspection of the designated area, check the appropriate answer at the end of each question. If the question does not apply to the area being inspected, please leave blank.

BASIC LIFE SAFETY

- | | | |
|--|-----------|----------|
| 1. Do you know where the nearest fire extinguisher is? | _____ Yes | _____ No |
| 2. Are corridors and exits free from obstruction? | _____ Yes | _____ No |
| 3. Are exit signs illuminated and visible? | _____ Yes | _____ No |
| 4. Do you have an exit route planned in case of emergencies and an alternate route if the first choice is blocked? | _____ Yes | _____ No |
| 5. Are temperature conditions comfortable? | _____ Yes | _____ No |
| 6. Is the intensity of illumination comfortable? | _____ Yes | _____ No |

Specific Comments

GENERAL OFFICE SAFETY

- | | | |
|--|-----------|----------|
| 1. Are aisles, doorways and corners free of obstructions to permit visibility and movement? | _____ Yes | _____ No |
| 2. Are chairs in safe condition and are casters, rungs and legs sturdy? | _____ Yes | _____ No |
| 3. Are all supplies and equipment in their proper places? | _____ Yes | _____ No |
| 4. Are offices clean and neat, without unnecessary clutter? | _____ Yes | _____ No |
| 5. Are filing cabinets and other heavy equipment placed against the wall or bolted to the floor or wall? | _____ Yes | _____ No |
| 6. Are carts or dollies available for use in transporting heavy objects and boxes? | _____ Yes | _____ No |

TRIPPING / FALLING

- | | | |
|--|-----------|----------|
| 1. Are floor surfaces secure and free of hazards or posted "wet floor" if wet? | _____ Yes | _____ No |
| 2. Are carpeted areas clean, carpets secured to the floor and free of worn or frayed seems? | _____ Yes | _____ No |
| 3. Is a step stool or ladder available to minimize the temptation to use chairs for reaching high objects? | _____ Yes | _____ No |

ELECTRICAL

- | | | |
|---|-----------|----------|
| 1. Are all electrical appliances and equipment properly grounded or double insulated? | _____ Yes | _____ No |
| 2. Is all electrical equipment in proper working order? | _____ Yes | _____ No |
| 3. Are extension cords taped to the floor to avoid a tripping hazard? | _____ Yes | _____ No |
| 4. Are permanent use cords covered by runners when crossing walkways? | _____ Yes | _____ No |

Comments _____

Supervisor's Name _____ Date _____

Please forward completed forms to the Risk Management/Security Office, room 209, within 15 days of inspection.