

**NOTE: If completing by hand, add returns to fields that require additional space before printing this document.**

**The Employee**

- completes parts A. through G. of the checklist
- retains a copy
- submit the checklist to the Manager/Supervisor.

**The Supervisor** signs and forwards a copy of the checklist to Human Resources.

**Human Resources** signs and retains a file copy.

Department
Location

Inspected By	
Date (yyyy/mm/dd)	Time (24hr clock)

A. WORKPLACE CONDITIONS	YES	NO	ACTION REQUIRED/COMMENTS
<b>1. Floors</b>			
• Free of trip, slip, and fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	
• Free of protrusions, loose tiles, or carpets	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Corridors, Passageways, Aisles</b>			
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Stairs</b>			
• Tread and edgings slip resistant	<input type="checkbox"/>	<input type="checkbox"/>	
• Handrail in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Exits</b>			
• Clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
• Outside landings, walkways clean (snow/ice)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Lighting</b>			
• Walking/working areas adequately illuminated	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Ergonomics</b>			
• Employee knows and uses ergonomic principles at their workstation?	<input type="checkbox"/>	<input type="checkbox"/>	
• Employee knows and uses proper manual material handling (i.e. lifting/carrying) methods?	<input type="checkbox"/>	<input type="checkbox"/>	

B. STORAGE	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> <li>• Adequate shelving available.</li> <li>• Shelving secured.</li> <li>• Material properly stacked (heavy material on bottom)?</li> <li>• Stored material secured to prevent shifting/falling?</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

C. EQUIPMENT/FURNISHINGS	YES	NO	ACTION REQUIRED/COMMENTS
<p>1. Equipment Condition</p> <ul style="list-style-type: none"> <li>• Is in safe operating condition</li> </ul> <p>2. Furnishings</p> <ul style="list-style-type: none"> <li>• Is in safe operating condition: desk, chairs, file cabinet, etc.</li> </ul>	<input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>	

D. ELECTRICAL	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> <li>• Power cords in good condition – no exposed wires, not frayed or with cracked or damaged plugs?</li> <li>• Power cords used safely – placed/secured to prevent tripping and not run under carpet?</li> <li>• Ground fault interrupter on plugs near water?</li> <li>• Adequate number of receptacles provided. No overloading outlets with too many plugs?</li> <li>• Receptacle plates in good condition – not broken, no evidence of burning?</li> <li>• Appliances and equipment plugged directly into receptacles when possible?</li> <li>• Power bars and surge protectors plugged directly into wall receptacles and not into each other?</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

E. EMERGENCY SYSTEMS	YES	NO	ACTION REQUIRED/COMMENTS
<b>1. First Aid</b>			
• #2 kits provided.	<input type="checkbox"/>	<input type="checkbox"/>	
• Adequately stocked – first aid kits.	<input type="checkbox"/>	<input type="checkbox"/>	
• Treatment recorded in record book.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>2. Fire/Emergency Response</b>			
• Employee knows fire/evacuation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
• Self-closing mechanisms on fire doors operate? (i.e. attached garage)	<input type="checkbox"/>	<input type="checkbox"/>	
• Employee knows working alone procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
• Employee knows workplace violence procedures?	<input type="checkbox"/>	<input type="checkbox"/>	

F. GENERAL FACILITY	YES	NO	ACTION REQUIRED/COMMENTS
• Employees work in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	
• Good housekeeping and sanitary practices in washrooms and kitchens?	<input type="checkbox"/>	<input type="checkbox"/>	

G. ADDITIONAL COMMENTS

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Name of Employee (PRINT)

\_\_\_\_\_  
Date (yyyy/mm/dd)

**SUPERVISOR'S REVIEW:**

Empty box for Supervisor's Review.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Name of Supervisor (PRINT)

\_\_\_\_\_  
Date (yyyy/mm/dd)

**HUMAN RESOURCES REVIEW:**

Empty box for Human Resources Review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Date (yyyy/mm/dd)