



### Office (non-lab) Area Inspection Checklist

Contact / Office Occupant:	Department:
Building / Floor / Room #:	Date of Inspection:
Inspector(s):	

*If the ticketed responses are in any of the "No" red boxes on the inspection checklist, then you are required to take corrective action. Once each identified problem has been rectified, please check the box in the "rectified" column. When completed, the supervisor should sign and return the form to Kaka'ako EHSO. A follow-up inspection may follow to ensure discrepancies have been completed.*

	OFFICES / NON LAB AREAS	Yes	No	N/A	Rectified	COMMENTS
1.	Refrigerator, microwave, coffee pot, toaster oven are plugged directly into an outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Exits are free of any trip hazards or obstruction? (minimum 28 inches clearance in aisles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	All exit signs suitably illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Are safety guards in place for equipment with moving parts (belts, blades, fans, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Are the cords of all electrical equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Are cords used properly (no piggy-backing of surge protectors; clear of burners, sinks, aisles; no use of extension cords)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	No power cords found under doors, carpets, or through ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Electrical panel accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Fire extinguisher in area certified and readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Is there at least 18 inches storage clearance from the ceiling (24 inches if no sprinklers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Appliances with exposed heating units are unplugged when not in use? (i.e. toasters, coffee pots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Live Christmas trees treated with fire retardant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	All fire-rated doors are kept closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Is there an emergency action plan / contact info posted in area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Is emergency plan / procedure known by employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Is the OSHA "It's the Law" poster posted? (Reference: 29 CFR 1903.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**ADDITIONAL COMMENTS/ISSUES:**

Checklist with Corrective Action updates due back to Kaka'ako EHSO on or before: \_\_\_\_\_

Audit completed by: \_\_\_\_\_

I certify that all rectifications required are complete, or have been referred to the person with authority to fix it beyond my control.

Contact/Office Manager: \_\_\_\_\_

Date: \_\_\_\_\_

*Print Name*

*Signature*