

SECO Safety and Environmental Compliance Office

Form: SECO 101/05

National Oceanic and Atmospheric Administration
**Office Safety Assessment Checklist for
 Supervisors and Program Managers**

Name:	Division:
Location:	Date:

Questions with a "NO" answer require corrective action. Enter name of person or department responsible for the Corrective Action

Yes	No	N/A	Emergency Exits	Responsible Person/Dept.
0	0	0	Are exits kept free of obstructions or locking devices which could impede immediate escape?	<input type="text"/>
0	0	0	Are exits properly marked and illuminated?	<input type="text"/>
0	0	0	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AND EXIT," "TO BASEMENT," "STOREROOM," etc.?	<input type="text"/>

Work Environment

0	0	0	Are all work areas clean, sanitary, and orderly?	<input type="text"/>
0	0	0	Are aisles and passages free of stored material that may present a trip hazard with 42" of clearance?	<input type="text"/>
0	0	0	Are tile floors in places like kitchens and bathrooms free of water and slippery substances?	<input type="text"/>
0	0	0	Are carpet and throw rugs free of tears or trip hazards?	<input type="text"/>
0	0	0	Are file drawers kept closed when not in use?	<input type="text"/>
0	0	0	Are passenger and freight elevators inspected annually and are the inspection certificates available for on-site review?	<input type="text"/>
0	0	0	Are heating and air conditioning vents clear of obstructions?	<input type="text"/>
0	0	0	Is all the Office Furniture safe and in good repair?	<input type="text"/>

Ergonomics

0	0	0	Are employees advised of proper lifting techniques?	<input type="text"/>
0	0	0	Are workstations configured to prevent common ergonomic concerns?	<input type="text"/>
0	0	0	Is workstation environment comfortable?	<input type="text"/>

Emergency Information

0	0	0	Are established emergency phone numbers posted where they can be readily found in case of emergency?	<input type="text"/>
0	0	0	Are employees trained in emergency procedures?	<input type="text"/>
0	0	0	Are fire evacuation procedures available and diagrams posted?	<input type="text"/>
0	0	0	Is a copy of the facility fire prevention and emergency action plan readily available on site?	<input type="text"/>

Fire Prevention

0	0	0	Are portable fire extinguishers visually inspected monthly and serviced annually?	<input type="text"/>
0	0	0	Are areas around portable fire extinguishers free of obstructions and properly labeled?	<input type="text"/>
0	0	0	Are fire alarm pull stations clearly marked and unobstructed?	<input type="text"/>
0	0	0	Are 18" clearances maintained below sprinkler heads, including all storerooms, closets and mechanical rooms?	<input type="text"/>

Electrical Systems

0	0	0	Are all cord and cable connections intact and secure?	<input type="text"/>
0	0	0	Are power strips limited to one per outlet? (No daisy chaining?)	<input type="text"/>
0	0	0	Are outlets free of overloading?	<input type="text"/>
0	0	0	Has all temporary wiring been removed? (Through walls, doors, under carpeting, etc.)	<input type="text"/>
0	0	0	Are the areas around electrical panels and breakers free of obstructions?	<input type="text"/>

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0 0 0 Is all equipment properly identified with voltage and purpose?

Specific Notes for Deficiencies

Name of Supervisor:

SAFETY OBSERVATION FORM

Instructions: Prior to making your observation, review checklist items on this form. Upon entering the observation area, spend 20-30 seconds closely observing behaviors, conditions, and procedures. Mentally note them and return to fill out the observation form. Note at least one corrective action for each observation. Review with employee, stressing the employee's anonymity, and commend or correct all observed actions. End by thanking employee.

Manager/ Supervisor _____ Date _____ Time _____	Line Office _____ Facility/Ship _____ Department _____
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Description of observation:

Action(s) Taken: (i.e. commended employee, corrected unsafe condition, etc.)

Potential for Injury or Deficiencies noted: _____

Personal Protective Equipment	Position	Tools
___ Eyes & Face	___ Struck by or Against	___ Correct tool for job?
___ Ears/Noise	___ Caught between	___ Proper Use
___ Hands	___ Fall or Trip	___ Condition of Tool
___ Feet	___ Temperature	
___ Respiratory	___ Lifting	

Facilities	Procedures	Behaviors
___ Cleanliness/Housekeeping	___ Written task procedures?	___ Communicates?
___ Work area design	___ Were they followed?	___ Eye contact /hazard?
___ Floor Surfaces	___ Are they adequate?	___ Work pace (behind)?

Consultant Worksheet