U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

SPECTION DATE	AREA / LOCATION
SPECTION DATE	AREA / LUCATION

EST. NO.

SAFETY AND HEALTH INSPECTION CHECKLIST OFFICE FACILITIES

INSTRUCTIONS: The inspector should indicate the condition of each item on the list by checking the "OK" or "ACTION NEEDED" column. If the item is not applicable, indicate "NA". When corrective action has been taken, describe the abatement procedure and the date completed.

tom to not applicable, maleate 1471. When come			rtakon, accombe the abatement procedure and the date comple	iou.
ITEM	ок (√)	ACTION NEEDED ()	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
VDT WORK STATIONS located to prevent glare.				
MATERIALS STORED SAFELY with no materials on top of storage cabinets, and window sills.				
OFFICE FURNITURE free of sharp edges, points, splinters, or burrs.				
GLASS TOPS ON DESKS free of cracks.				
OFFICE FANS well guarded and placed where they cannot fall on anyone.				
DESK AND FILE DRAWERS equipped with safety stops.				
OFFICE TOOLS stored properly (i.e. scissors & letter openers)				
WHERE MATERIALS ARE STORED, heavier objects are stored on lower shelves.				
HAZARDOUS OFFICE CHEMICALS used, stored, and disposed of in accordance with label.				
TRASH CONTAINERS sufficient.				
TRASH COLLECTION regularly scheduled.				
CEILING TILES tightly secured.				
SUSPENDED CEILING GRIDWORK free of suspended objects such as planters.				
CARPETING free of ridges and tears.				
BULLETIN BOARDS securely mounted.				
HEATING, VENTILATION OR AIR CONDITIONING adequate.				
SANITATION OF FACILITIES including rest rooms and cafeterias/lunchrooms adequate.				

SAFETY AND HEALTH IN	<u>ISPE</u>	CTION (CHECKLIST - OFFICE FACILITIES (Cont	tinued)
ITEMS	ок (√)	ACTION NEEDED ()	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
FLOORS, HALLS, AISLES, AND STAIRWAYS clear, unlittered, and unobstructed.				
ALL STAIRWAYS equipped with handrails.				
EXIT DOORS not locked (may be equipped with "panic hardware.")				
FIRE ALARMS provided.				
ASH TRAYS provided in smoking areas.				
"SMOKING / NO SMOKING" areas posted.				
EVACUATION a. evacuation routes, and emergency telephone numbers posted.				
b. fire or emergency drills held.				
c. signs posted in elevators instructing employees to use stairs in case of fire.				
 d. provisions made in case of an emergency for the evacuation of disabled personnel. 				
MEDICAL TREATMENT FACILITY available within a 15 minute response time for treatment of injured employees.				
IN ABSENCE OF A MEDICAL TREATMENT FACILITY, a person or persons trained to provide first aid and CPR and a first aid kit maintained.				
ELECTRICAL EQUIPMENT a. maintained in good working condition.				
b. properly grounded				
c. wiring free of frayed insulation and worn plugs.				
d. outlets accommodate 3-wire grounding plugs.				
 e. electrical and telephone cords crossing walkways or passageways covered by cable covers. 				
ENTRYWAYS kept clear of snow, ice, gravel, etc.				
GENERAL LIGHTING adequate.				

SAFETY AND HEALTH INSPECTION CHECKLIST - OFFICE FACILITIES (Continued)					
ITEM	ок (√)	ACTION NEEDED ()	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)	
GENERAL ENVIRONMENTAL CONTROLS potable drinking water, toilet facilities, lavatories, and shower.		,			
"OCCUPATIONAL SAFETY AND HEALTH" Poster displayed at workplace. (AD-1010), USDA					
"WHAT A FEDERAL EMPLOYEE SHOULD DO WHEN INJURED AT WORK" Poster displayed at workplace. (CA-7), U.S. Department of Labor					
FEDREAL EMPLOYEES' COMPENSATION ACT CLAIMS Forms availability at workplace. (CA-1 and CA-2)					
ALL EXIT SIGNS are marked with an EXIT sign and properly illuminated.					
CIRCUIT SAFETY COMMITTEE REPORT (FSIS FORM 4791-2) posted on bulletin board with the names of committee members.					
NOISE LEVEL IN OFFICE AREA low enough that voices do not have to be raised to be heard.					
OFFICE FURNITURE arranged with safety in mind.					
LOCKERS are properly anchored to prevent tip over.					
FLEXIBLE "EXTENSION" CORDS are used for their intended purpose and not as a substitute for fixed wiring. Use kept to a minimum.					
ELECTRICAL OUTLETS are not overloaded.					
DISCONNECT MEANS OR OVERCURRENT DEVICES IN MAIN ELECTRICAL BOX are legibly marked.					
OTHER: (List below)					
NAME OF SAFETY AND HEALTH INSPECTOR	(Please	print)	SIGNATURE OF SAFETY AND HEALTH INSPECTOR	<u> </u>	