



Office Inspection Template

Reference: GAM 3.48, Standard A

Related Document: Workplace Hazard Identification

Corporate Bank: Health and Safety

Workplace Area being Inspected: _____

Date: _____

Inspected by:
(print name)

Review by Supervisor of Work Area:
(upon completion of initial inspection)

(Print Name)

(Signature)

(Date)

Review by Supervisor of Work Area:
(confirms mitigation of the hazards)

(Print Name)

(Signature)

(Date)

Review by Joint Health & Safety Committee or Safety Representative:

(Print Name of A Co-Chair/Safety Representative)

(Signature)

(Meeting Date)

Category	YES		Corrective Action Required (include location of hazard)	EMPLOYEE ASSIGNED TO CORRECT	DATE COMPLETE	Additional Comments
	NO	NO				
A. WORKPLACE CONDITIONS						
1. Floors						
• Is the floor dry, clean, free of oil/grease?						
• Free of debris, loose tiles or carpeting?						
2. Aisles, Walkways						
• Clear and unobstructed?						
3. Exits						
• Clear and unobstructed?						

Category	Y E S	N O	Corrective Action Required (include location of hazard)	EMPLOYEE ASSIGNED TO CORRECT	DATE COMPLETE	Additional Comments
<ul style="list-style-type: none"> Outside landings, walkways clean (snow and ice). 						
4. Stairs						
<ul style="list-style-type: none"> Clear and unobstructed? 						
<ul style="list-style-type: none"> Railing provided in good condition? 						
5. Lighting						
<ul style="list-style-type: none"> Walking/working are adequately illuminated (no dark areas?) 						
<ul style="list-style-type: none"> Light fixtures in good condition with no bulbs missing? 						
6. Ergonomics						
<ul style="list-style-type: none"> Are proper ergonomic furniture/principles (worn badly designed chairs, keyboard elevation, chair adjustment) being used? 						
<ul style="list-style-type: none"> Are proper lifting methods used? 						
Other:						



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Category	Y E S	N O	Corrective Action Required (include location of hazard)	EMPLOYEE ASSIGNED TO CORRECT	DATE COMPLETE	Additional Comments
B. STORAGE						
1. Storage						
• Adequate secure shelving available?						
• Material neatly and safely stacked (heavy material on bottom) and is it stable?						
Other:						
C. EQUIPMENT/FURNISHINGS						
1. Equipment Condition						
• In good repair? Properly located?						
2. Furnishings						
• File cabinets secure and loaded from bottom drawer to top drawer?						
• No broken areas on desks, chairs, or exposed sharp edges?						
• Safe practices – drawers closed, no objects on floor, etc?						
Other:						



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Category	Y E S	N O	Corrective Action Required (include location of hazard)	EMPLOYEE ASSIGNED TO CORRECT	DATE COMPLETE	Additional Comments
D. ELECTRICAL						
1. Power cords in good condition – no exposed wires, frayed or cracked plugs?						
2. Three-pronged plugs used where required?						
3. Cords properly placed or secured to prevent tripping?						
4. No overloaded outlets with too many plugs?						
Other:						
E. EMERGENCY SYSTEMS						
1. First Aid						
• Treatment recorded in Injury Recording Book?						
2. Fire Extinguishers						
• Last date of inspection?						
• Annual service?						
3. Emergency plan						
• Posted?						
• Up to date?						
4. Emergency lighting						



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• Available?						
• Tested?						
Other:						
F. GENERAL FACILITY						
1. Employees work in a safe manner?						
Other:						

Employee Discussions – Job Specific

Issues Discussed	Corrective Action Required (include exact location of hazard)	Employee Assigned To Correct	Date Complete