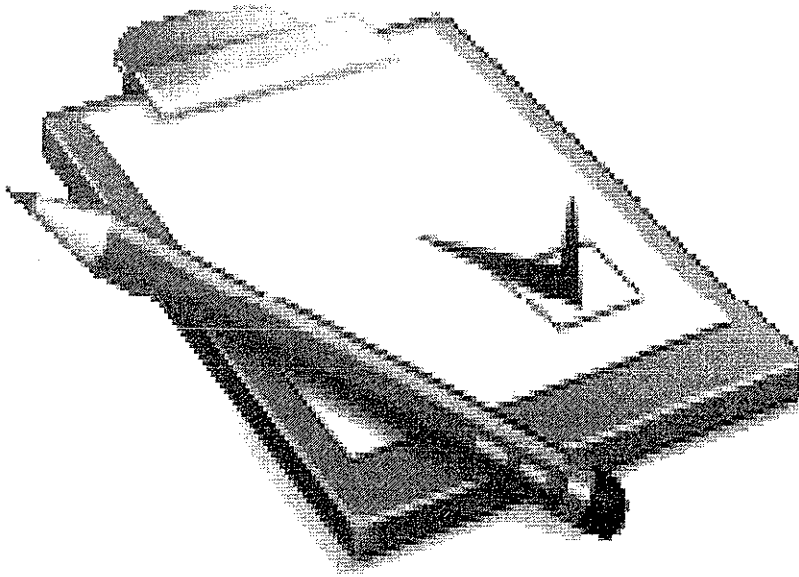


Date: _____



ABBEVILLE COUNTY GENERAL WORKPLACE INSPECTION CHECKLIST



Completed By: _____

Building or Department: _____

GENERAL SAFETY CHECKLIST FOR ALL COUNTY BUILDING

10th of month

SLIPS AND FALLS	YES	NO	N/A	COMMENTS
Are file drawers closed when unattended and no more than one drawer open at a time				
Are phone cords and electrical wires located so they won't trip someone				
Are floors free of pencils, paper clips, and carpet snags?				
Are liquid spills cleaned up immediately?				
Are boxes, plants and other objects stored out of walking areas?				
Are stairways, hallways and aisles adequately lighted?				
FALLING OBJECTS				
Are hanging plants adequately secured and located out of walking areas?				
Are ceiling tiles secured and in good condition?				
Are boxes, books, paper and other items stored on shelves adequately stored, not stacked too high or not too heavy for the shelving unit?				
COMFORT				
Is general ventilation, heat or air conditioning adequate?				
Is lighting adequate and are fluorescent light covers in place?				
MACHINES AND EQUIPMENT				
Are all office machines (copies, printers, staples, paper cutters, etc.) adequately guarded?				
Are equipment and machines safely positioned so they won't create other hazards?				
Are computer stations set up in an ergonomically correct manner?				
ELECTRICAL				
Are electrical cords free from defects?				
Are ground prongs on electrical cords in place?				

Date: _____

Are electrical outlets not overloaded, use of extension cords restricted and Christmas tree adapters not in use?

FIRE PROTECTION AND PREVENTION

Are fire egress routes clear and exit signs illuminated?

Is the fire alarm and fire box in the main hallway unobstructed?

Fire Extinguisher current?

CHEMICALS

Are office chemicals properly used and stored?

MISCELLANEOUS

Is the first aid kit adequately stocked?

Are kitchen appliances and utensils clean, adequately stored and free from other recognized hazards?

Are desks, chairs, tables and other office furniture free from recognized safety hazards?

Any unsafe acts noted during the inspections?

Any other unsafe conditions noted during inspections?

Department Head: _____ (Please Print)

Signature: _____