

OFFICE HEALTH AND SAFETY CHECKLIST

Name _____

Office _____

Date _____

	YES	NO	COMMENT ON ACTION NEEDED
Is your office furniture and equipment arranged to minimise risks, (e.g. knocking into protruding window catches)?			
Are cables/cords placed so people cannot trip over them?			
Is the office adequately lit?			
Is the heating/ventilation adequate?			
Is the file/storage area adequate?			
Are bookshelves attached to the wall and/or secure?			
Are passageways clear and unobstructed?			
Do you know who the designated staff members are for first aid, fire warden and building warden responsibilities?			
Is the first aid box fully stocked?			
Are Accident Report Forms readily available?			
Is the need for heavy lifting eliminated?			
If you use a computer have you attended the OOS Awareness training?			
If you have OOS-type symptoms, is your supervisor monitoring them?			
Does your workstation equipment meet the University standard? (See Section 11 H&S Policies & Procedures Manual)			
Do you feel you are affected by workplace stressors that are not being addressed?			
Are other identified hazards controlled (elimination, isolation, or minimisation)?			
Please indicate the approximate age of the chair (if known) the type of chair, its condition (good/adequate/poor) and comfort factor (very comfortable/satisfactory/uncomfortable).			