

**Appendix F**

**OFFICE HEALTH AND SAFETY CHECKLIST**

**Name** \_\_\_\_\_ **Office** \_\_\_\_\_ **Date** \_\_\_\_\_

	<b>YES</b>	<b>NO</b>	<b>COMMENT ON ACTION NEEDED</b>
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?			
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 3 11)			
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).			