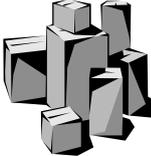
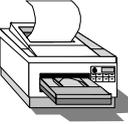


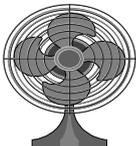
Appendix B

Office area safety checklist

The following sheets are designed to assist with hazard spotting during a routine office health and safety check. The list is not exhaustive, and all the hazards may not be present in any one area; therefore, you may wish to modify the list to suit a particular area.

Once complete, the checklist should be signed and passed to the Head of Unit for any follow-up action, then retained for future reference at the next inspection.

 <p>Fire Equipment/Signs</p> <p>Is the equipment in the right place and unobstructed? Are fire notices correctly completed?</p>	 <p>Means of Escape</p> <p>Are escape routes free from obstructions? Can signs be easily seen?</p>	 <p>First Aid Provision</p> <p>Are there signs indicating the names of First Aiders? Are First Aid boxes available?</p>
 <p>House Keeping</p> <p>Is the workplace kept free from obstructions and waste? Is the area cleaned and bins emptied regularly?</p>	 <p>Lighting</p> <p>Is there sufficient lighting for the tasks undertaken? Is it glare and flicker free?</p>	 <p>Chemicals</p> <p>Have assessments been compiled for all substances in use? Are control measures in place?</p>
 <p>Food Hygiene</p> <p>Are kitchens kept clean? Are spills mopped up? Are fridges cleaned regularly?</p>	 <p>Electricity</p> <p>Are all electrical items registered and tested? Are there any visual signs of damaged/overload?</p>	 <p>Display Screen Equipment</p> <p>Have assessments been completed? Does the work station meet the user's requirements?</p>
 <p>Manual Handling</p> <p>Have tasks been assessed? Are mechanical aids provided? Is training provided?</p>	 <p>Machinery</p> <p>Are all the covers fitted securely? Is training provided on the use of any machinery in the workplace?</p>	 <p>Slips, Trips & Falls</p> <p>Are there any trip hazards such as cables, loose flooring etc? Are step ladders provided and in good condition?</p>

 <p>Personal Protective Equipment</p> <p>If PPE is in use is it suitable for the risks assessed?</p> <p>Does the user know how to use the items and maintain them?</p>	 <p>Confined Spaces</p> <p>Are there any confined areas where a person could be injured and go unnoticed?</p> <p>Is a permit to work system in place for these areas?</p>	 <p>Vehicle Movements</p> <p>Are pedestrian and vehicle areas separated?</p> <p>Is there sufficient warning of movement areas?</p>
 <p>Fire or Explosion</p> <p>Are all flammable substances kept to a minimum, correctly labelled and stored in suitable containers?</p>	 <p>Temperature</p> <p>Is the working environment comfortable?</p> <p>Are there any exposed areas of equipment that may cause a hot or cold burn?</p>	 <p>Noise</p> <p>Are noise levels too loud for normal conversation?</p> <p>If so has a noise assessment been carried out?</p>
 <p>Lone Working</p> <p>Are procedures in place and used where staff may be expected to work alone, particularly out of normal hours?</p>	 <p>Young Persons</p> <p>If young persons are employed or on a work placement have specific risk assessments been compiled?</p>	 <p>New and Expectant Mothers</p> <p>Have work routines etc.. taken account of the persons condition?</p> <p>Have suitable facilities been made available?</p>
 <p>Animals</p> <p>Is there any contact with animals as part of the work?</p> <p>Where staff are in contact with animals have they been registered with OHD?</p>	 <p>Ventilation</p> <p>Is there an adequate change of air depending on the tasks in the area?</p> <p>Are there any unusual odours or accumulations of fumes?</p>	 <p>Falling Objects</p> <p>Is there a possibility of injury from overhead work?</p> <p>Are there items stored on top of cupboards etc.. that could fall?</p>

Additional Comments

Name of Person Completing Check:

Signature: Date

Comments by Head of Unit

Signature: Date