

# New Office Safety and Ergonomics Checklist

**Purpose:** This checklist is designed to assist employees and staff by providing emergency, safety and ergonomic guidance after an office move. Employees should complete this checklist, follow-up with their supervisor on any identified issues and provide it to their supervisor when completed.

**LOCATION:** \_\_\_\_\_ **EMPLOYEE NAME:** \_\_\_\_\_

Complete during the first week after the move		OK/NA
<i>Ergonomics</i>		
The online Course 291 ( <a href="#">Ergonomics Training – Office Worker</a> ) and associated ergonomic self-evaluation of my new computer workstation have been completed.	<input type="checkbox"/>	<input type="checkbox"/>
Necessary adjustments to my furniture have been made and, as needed, product manuals have been located and consulted.	<input type="checkbox"/>	<input type="checkbox"/>
The furniture and equipment at my workstation seem to be installed correctly and are working properly.	<input type="checkbox"/>	<input type="checkbox"/>
As appropriate, an <a href="#">Ergonomic Evaluation</a> has been performed or scheduled.	<input type="checkbox"/>	<input type="checkbox"/>
As appropriate, the ergonomic chair adjustment video was reviewed on the <a href="#">Ergonomics Program</a> website.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Safety and Health</i>		
My work area is free of potential slip/trip/fall hazards (e.g., boxes in walkways, damaged carpet, electrical cords).	<input type="checkbox"/>	<input type="checkbox"/>
File/storage cabinets, bookshelves and other items over 5 feet in height appear to be properly anchored.	<input type="checkbox"/>	<input type="checkbox"/>
Work and storage areas and egress paths are free of improper storage.	<input type="checkbox"/>	<input type="checkbox"/>
A maximum of one power strip per electrical receptacle is used.	<input type="checkbox"/>	<input type="checkbox"/>
All electrical equipment appears to be in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>
Personal appliances such as <a href="#">space heaters</a> or coffee makers are compliant with SLAC <a href="#">electrical safety</a> and Fire Marshal requirements.	<input type="checkbox"/>	<input type="checkbox"/>
My work areas are adequately illuminated.	<input type="checkbox"/>	<input type="checkbox"/>
Stepstools or ladders are readily available for reaching high places.	<input type="checkbox"/>	<input type="checkbox"/>
Electrical cords and plugs are in good condition (i.e., not frayed, taped, spliced, or missing ground prong).	<input type="checkbox"/>	<input type="checkbox"/>
Storage cabinets are organized such that heavy items are stored on the lower and middle shelves.	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor or <a href="#">ESH Coordinator</a> has been consulted regarding any safety and health concerns.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emergency Preparedness</i>		
Posted emergency evacuation plans and assembly points for my area have been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>
At least two fire exits/ escape routes from my area have been identified.	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers, fire alarm pull boxes and any automated external defibrillators in my work area have been identified.	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESOURCES</b>		
<ul style="list-style-type: none"> <li>Occupational Health/Ergonomics (ext. 4588)</li> <li>Emergency Management (ext. 2997)</li> </ul>	<ul style="list-style-type: none"> <li>Fire Marshal (ext. 2095)</li> <li>Building Inspection Office (ext. 3839)</li> </ul>	