

Quick check for office safety

This checklist should be used on a regular e.g. monthly basis to check for potential hazards that may exist in the office environment. The checklist should be conducted by staff who have been trained in its use, eg WHSO/ WHSR and/or supervisors. The checklist should be kept on the Health and Safety file for the Section/School. It should be given to, and discussed with, the Manager/Supervisor of the work area and the local health and safety committee for action of identified items.

This checklist assists with the identification of hazards and the assessment and control of risks.

Name of person completing checklist:		Division: Department: Section: Building: Level:	
Contact phone no:		Date completed:	
Item	Issue	N/Y	Comments
1	Do all staff have fully adjustable chairs?		
1(a)	Are chairs adjusted to suit the operators?		
	Are pointing devices on the same level and close to the keyboards?		
	Are VDU screens placed to avoid awkward neck postures?		
	Is the VDU screen free from glare and reflection?		
2	Are desk-top items within easy reach?		
2(a)	Are document holders provided if needed?		
2(b)	Are cleaning wipes provided for desk items?		
2(c)	Are tissues provided to limit communicable illnesses?		
3	Is there adequate legroom under desk?		
4	Are unwanted items stored under desk?		
5	Are electrical cords/cables stored safely?		
5(a)	Are there adequate power boards tagged, tested and within 5 years if required?		
6	Are access ways clear of obstructions?		
6(a)	Are main passageways clear of obstructions?		
7	Is ventilation and air-conditioning adequate?		
8	Is the shelving for stored items accessible, sturdy and not overloaded?		
8(a)	Are stored items within easy reach range?		
9	Is there a notice board for H&S issues?		
9(a)	Are the noticeboard items current?		
9(b)	Is the name of the WHSO and WHSR on the board as well as the entitlements of the WHSR?		
10 (a)	Does the notice board contain a copy of the QUT Health and Safety Policy?		

Quick check for Office safety v3.1, 01-2011
RV 2012

10 (b)	Does it contain the members of the Health and Safety committee? Name of the first aid officer/s? Names of the fire warden/s? Name of the Rehabilitation Coordinator?		
11(a)	Is all fire fighting equipment accessible and unobstructed?		
11(b)	Is the fire fighting equipment tested in-date?		
11(c)	Is there a location sign above the fire fighting equipment?		
12 (a)	Are manual handling trolleys available?		
12(b)	Are trolleys in good working order?		
12(c)	Are there adequate trolleys provided?		
12 (d)	Are staff trained in the use of trolleys?		
13 (a)	Are stepladders, kick stools provided if necessary?		
13 (b)	If ladders are used, are they marked "Industrial"?		
14	Is the noise excessive while working?		
15.	Are there any noisy machines in close proximity to work areas?		
16.	Can noisy work e.g. printing be scheduled during lunch and other off-peak periods.		
17.	Are printers located off the desk-top and away from the worker?		
18.	Is overall housekeeping at a good standard? e.g. tidy, clean surrounds, items not being stored on floor?		
19.	Is the kitchen area clean and tidy?		
20.	Are fridge, microwave and other items clean?		
21(a)	Is there a documented risk assessment for first aid?		
22(b)	Are any items for first aid readily available? e.g. bandaids or a first-aid kit with a designated first aid officer if risk assessment indicates one?		
23	Are all plant rooms and restricted access rooms locked?		
24	Is the lighting adequate for the office tasks? (is there any shadowing, dim areas?)		
25	In assembly areas – is the lighting adequate?		
26	Are the stairs in good repair?		
27	Is any broken equipment identified, tagged and removed to a secure area away from use?		
28	Any unused items identified for removal and arranged?		

29. Are there any other issues relating to health and safety in the work area that should be added to this checklist for assessment and action?

.....
.....
.....
.....
.....
.....

Item no.	Action by date	Action by whom	Date action complete

30. Copy of this checklist given to Supervisor/Manager/Head of School

(name).....on (date)by (name of person completing the checklist)