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| OHS-MS 5.4 | Checklist | Management System |

# **Office H&S Checklist 2014**

| **ITEM** | **FINDING** | | **OBSERVATIONS** | **RECOMMENDATIONS** | **REVIEW / FOLLOW-UP** | **✓** |
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| **Housekeeping , Layout and Storage** | **YES** | **NO** |  |  |  |  |
| 1. Is the area generally tidy and free of rubbish and debris? |  |  |  |  |  |  |
| 1. Are walkways uncluttered and sufficiently wide? |  |  |  |  |  |  |
| 1. Are floor surfaces clean, dry and hazard free? |  |  |  |  |  |  |
| 1. Are all stairs, including coverings, in good repair? |  |  |  |  |  |  |
| 1. Is there adequate storage? |  |  |  |  |  |  |
| 1. Are chemicals, including cleaning products, stored and used in accordance with the Safety Data Sheet? |  |  |  |  |  |  |
| **Fire and Emergency** | **YES** | **NO** |  |  |  |  |
| 1. Are emergency exits clearly signed and unobstructed? |  |  |  |  |  |  |
| 1. Are all building/floor warden names correctly displayed? |  |  |  |  |  |  |
| 1. Are emergency procedures displayed and are drills held? |  |  |  |  |  |  |
| 1. Do people know what the fire alarm sounds like? |  |  |  |  |  |  |
| 1. Can the alarm be heard in all areas? |  |  |  |  |  |  |
| 1. Are extinguishers clearly signed and unobstructed? |  |  |  |  |  |  |
| 1. Are fire extinguisher tags up to date? |  |  |  |  |  |  |
| **First Aid** | **YES** | **NO** |  |  |  |  |
| 1. Is the area’s first aid officer(s) clearly identified? |  |  |  |  |  |  |
| 1. Is the first aid kit clearly identified and easily accessible? |  |  |  |  |  |  |
| 1. Are the contents of the kit appropriate for the area? |  |  |  |  |  |  |
| 1. Are the contents of the lit reviewed at least annually? |  |  |  |  |  |  |
| **Lighting** | **YES** | **NO** |  |  |  |  |
| 1. Is lighting adequate and appropriate to the task? |  |  |  |  |  |  |
| 1. Is the area free from glare? |  |  |  |  |  |  |
| 1. Is lighting adequate in hallways and entranceways? |  |  |  |  |  |  |
| 1. Are people able to control incoming natural light? |  |  |  |  |  |  |
| **Noise** | **YES** | **NO** |  |  |  |  |
| 1. Is the area free from distracting or disruptive noises? |  |  |  |  |  |  |
| 1. Are people able to be heard without raising their voices? |  |  |  |  |  |  |
| 1. Are screens or partitions in use? |  |  |  |  |  |  |
| **Indoor Air Quality** | **YES** | **NO** |  |  |  |  |
| 1. Is the ventilation comfortable? |  |  |  |  |  |  |
| 1. Is it too hot or too cold? |  |  |  |  |  |  |
| 1. Are any additional heating devices approved? |  |  |  |  |  |  |
| 1. Can windows be opened if air conditioning not working? |  |  |  |  |  |  |
| 1. Are airconditioning vents and intakes free from dust build up? |  |  |  |  |  |  |
| 1. Are any heat pumps on planned maintenance schedules? |  |  |  |  |  |  |
| **Office Equipment/Furniture** | **YES** | **NO** |  |  |  |  |
| 1. Is the equipment clean and tidy? |  |  |  |  |  |  |
| 1. Is equipment in good working order? |  |  |  |  |  |  |
| 1. Are mouse, phone and other cords tidy to prevent trips and falls? |  |  |  |  |  |  |
| 1. Is there adequate workspace around equipment? |  |  |  |  |  |  |
| 1. Is the area around photocopiers/printers ventilated? |  |  |  |  |  |  |
| 1. Are bookcases and filing cabinets secured to the wall? |  |  |  |  |  |  |
| 1. Are step ladders available for use? |  |  |  |  |  |  |
| 1. Is office furniture checked regularly to ensure it is not near heaters? |  |  |  |  |  |  |
| **Ergonomics and Manual Handling** | **YES** | **NO** |  |  |  |  |
| 1. Have manual handling tasks been assessed for safety? |  |  |  |  |  |  |
| 1. Have repetitive tasks been assessed to ensure safe practice? |  |  |  |  |  |  |
| 1. Are mechanical aids available and used when required? E.g. trolley or sack barrow. |  |  |  |  |  |  |
| 1. Is there sufficient space for all tasks to be carried out? |  |  |  |  |  |  |
| 1. Do workstations suit people’s needs? |  |  |  |  |  |  |
| 1. Is work height and chair adjustable? |  |  |  |  |  |  |
| 1. Is there sufficient leg room? |  |  |  |  |  |  |
| 1. Are staff trained to setup workstations appropriately? |  |  |  |  |  |  |
| 1. Have staff been shown the [www.habitatwork.co.nz](http://www.habitatwork.co.nz) web site? |  |  |  |  |  |  |
| 1. Is there a need for foot rests and are they provided? |  |  |  |  |  |  |
| 1. Are computer screens located to prevent glare &/or shadows? |  |  |  |  |  |  |
| **Electrical** | **YES** | **NO** |  |  |  |  |
| 1. Are plugs, sockets, switches, and power boards in good order? |  |  |  |  |  |  |
| 1. Are electrical cords in good order? |  |  |  |  |  |  |
| 1. Do permanent electrical appliances have their own outlet? |  |  |  |  |  |  |
| 1. Is power board and extension cord use kept to a minimum? |  |  |  |  |  |  |
| 1. Is electrical equipment testing up to date and tagged? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Kitchen/Tearooms** | **YES** | **NO** |  |  |  |  |
| 1. Are any fridges or freezers cleaned out regularly? |  |  |  |  |  |  |
| 1. Are kitchen appliances easily and safely assessable? |  |  |  |  |  |  |
| 1. Do hot water hazards have adequately signage? |  |  |  |  |  |  |
| 1. Is there suitable equipment to clean up breakages and spills? |  |  |  |  |  |  |