

New Mexico General Services Department

Risk Management Division

Loss Control Bureau

OFFICE SELF INSPECTION



Date and Time: []

Division / Bureau: []

Supervisor's Name: []

Inspector's Name(s): []

Section I.

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are floors and other walking surfaces in good material condition, (no cracks, holes, depressions) and are these areas free of clutter, and obstructions? (OSHA 1910.22) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are floors free from oil and grease spills?(N.F.C. 88-B.3-6)(OSHA 1910.22) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are holes on walking surfaces, such as drains, covered? (OSHA 1910.23) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is adequate aisle space provided? (OSHA 1910.22) (Minimum 36 inches) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is floor space around fire extinguishers, circuit breaker panels, air compressors and hot water heaters clear of stored items? (NFPA 1:6-6.4.5)(OSHA 1910.40) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section II.

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are all exits free of obstructions or materials that block egress? (OSHA 1910.36/37) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the threshold plates secured around the doors? (OSHA 1910.37) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the exit sign over the door present. (OSHA 1910.37) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section III.

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are all windows in good condition so that they do not present glass cut hazards to employees? (ANSI 16 CFR 1201) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section IV.

	YES	NO	N/A
1. Have exposed electrical conductors, frayed cords and deteriorated insulation been identified; have these conditions been repaired or properly tagged to identify the conditions? (OSHA 1910.303)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are junction boxes, receptacle outlets, switches, etc., provided with the proper box covers and are these devices in good material condition? (OSHA 1910.304)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are circuit breaker panels properly marked as to circuit designation? (OSHA 1910.303)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all fixed metal equipment grounded? (OSHA 1910.304)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If required, does equipment connected by cord and plug have ground connections and is the connection properly made and serviceable? (OSHA 1910.304)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do all flexible extension cords in use have a ground wire (3 wire type cord), and are the plugs equipped with the ground pin and the plug insulator disc? (OSHA 1910.305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are flexible extension cords free of splices? (OSHA 1910.305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the plug receptacles and junction boxes on cords and cables assembled so that there is no direct pull on the wire joints or terminal screws? (OSHA 1910.305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any overloaded outlets/circuits? (OSHA 1910.304)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V.

	YES	NO	N/A
1. Are monthly fire extinguisher inspections being performed and properly documented? (OSHA 1910.157)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are extinguisher stations properly marked or identified? (OSHA 1910.157)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is access to or visibility of the extinguisher obstructed? (OSHA 1910.157)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 4. Is the type of extinguisher in a particular location adequate for the type of fire hazards that exist? (OSHA1910.157)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

<u>Section VI.</u>	YES	NO	N/A
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- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is a current emergency plan available for the area? (OSHA 1910.38) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have documented emergency evacuation drills been conducted within the past 12 months? (OSHA 1910.38) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are emergency evacuation plans available and posted in readily visible locations throughout the area? (OSHA 1910.38) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are fire emergency doors provided with panic hardware, other quick release devices, or designed in such a way that they cannot be locked from the inside? (OSHA 1910.37) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do all telephones display a label bearing the emergency phone numbers and the facility location? (OSHA 1910.38) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<u>Section VII.</u>	YES	NO	N/A
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- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are there any broken chairs or office equipment in need of repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do all chairs have 5 casters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the office free of any slip/trip/fall hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do all desk and file drawers have stops on them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is weight evenly distributed in all file cabinets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section VIII.

YES NO N/A

1. Are all computer work-stations equipped with ergonomically adjustable:

Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Is each work-station equipped with:

Document Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have all employees who operate computers received VDT Ergonomic Training?
(Executive Order 88-40)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section IX.

TRAINING AUDIT

List all employees in Unit & circle the appropriate number(s) for each kind of training which has been completed.

EMPLOYEE'S NAME:

01. _____	1	2	3	4	5	6	7	8	9
02. _____	1	2	3	4	5	6	7	8	9
03. _____	1	2	3	4	5	6	7	8	9
04. _____	1	2	3	4	5	6	7	8	9
05. _____	1	2	3	4	5	6	7	8	9
06. _____	1	2	3	4	5	6	7	8	9
07. _____	1	2	3	4	5	6	7	8	9
08. _____	1	2	3	4	5	6	7	8	9
09. _____	1	2	3	4	5	6	7	8	9
10. _____	1	2	3	4	5	6	7	8	9

<u>NEW COMERS'S ORIENTATION</u>	<u>DDC COURSE</u>	<u>FIRST AID & CPR</u>	<u>"RIGHT-TO-KNOW" HAZMAT</u>	<u>VDT ERGONOMICS</u>	<u>BACK POWER</u>
1	2	3	4	5	6

<u>SUPERVISOR SAFETY MANAGEMENT TRAINING</u>	<u>PERSONAL PROTECTIVE EQUIPMENT</u>	<u>HEARING TESTING/ ANNUAL TRAINING</u>
7	8	9

NOTE: PLEASE CONTACT THE RISK MANAGEMENT BUREAU TO SCHEDULE ANY NECESSARY TRAINING. 827-2513

Section X.

List your last six safety meetings by date and subject.

Date	Subject
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: The Department Safety Handbook is an excellent source for meeting topics.

Section XI.

A: Identify noted discrepancy. B: Enter the date you submitted a conference memo to General Services or corrected the violation. C Indicate what the status is of the discrepancy. Send correspondence/corrective action along with this inspection to the Occupational Safety and Health Bureau.

A:

B:

C:

Identify Noted Discrepancy	Date Submitted	Status: Pending, On Order, Completed

Supervisor
Signature: _____ Title: _____ Date: _____

Comments : _____

Bureau Chief Review: _____ Date: _____

Comments: _____
