

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)
2. Are floors free from oil and grease spills?(N.F.C. 88-B.3-6) (OSHA 1910.22)
3. Are holes on walking surfaces, such as drains, covered? (OSHA 1910.23)
4. Is adequate aisle space provided? (OSHA 1910.22) (Minimum 36 inches)
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)

Section II. YES NO N/A

1. Are all exits free of obstructions or materials that block egress? (OSHA 1910.36/37)
2. Are the threshold plates secured around the doors? (OSHA 1910.37)
3. Is the exit sign over the door present. (OSHA 1910.37)

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)

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)
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)
3. Are circuit breaker panels properly marked as to circuit designation? (OSHA 1910.303)
4. Are all fixed metal equipment grounded? (OSHA 1910.304)
5. If required, does equipment connected by cord and plug have ground connections and is the connection properly made and serviceable? (OSHA 1910.304)
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)
7. Are flexible extension cords free of splices? (OSHA 1910. 305)
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)
9. Are there any overloaded outlets/ circuits? (OSHA 1910.304)

Section V.

YES NO N/A

1. Are monthly fire extinguisher inspections being performed and properly documented? (OSHA 1910.157)
2. Are extinguisher stations properly marked or identified? (OSHA 1910.157)
3. Is access to or visibility of the extinguisher obstructed? (OSHA 1910. 157)

4. Is the type of extinguisher in a particular location adequate for the type of fire hazards that exist? (OSHA1910.157)?
5. Are sprinklers checked monthly? (OSHA1910.157)?

Section VI.

YES NO N/A

1. Is a current emergency plan available for the area? (OSHA 1910.38)
2. Have documented emergency evacuation drills been conducted within the past 12 months? (OSHA 1910.38)
3. Are emergency evacuation plans available and posted in readily visible locations throughout the area? (OSHA 1910.38)
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)
5. Do all telephones display a label bearing the emergency phone numbers and the facility location? (OSHA 1910.38)

Section VII.

YES NO N/A

1. Are there any broken chairs or office equipment in need of repair?
2. Do all chairs have 5 casters?
3. Is the office free of any slip/trip/fall hazards?
4. Do all desk and file drawers have stops on them?
5. Is weight evenly distributed in all file cabinets?

Section VIII.

YES NO N/A

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

- Chair
- Keyboard
- Monitor

2. Is each work-station equipped with:

- Document Holder
- Wrist Pad
- Proper Lighting

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

Section IX.

TRAINING AUDIT

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

EMPLOYEE'S NAME: 1 2 3 4 5 6 7 8 9

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

NEW COMERS'S ORIENTATION	DDC COURSE	FIRST AID & CPR	"RIGHT-TO-KNOW" HAZMAT	VDT ERGONOMICS	BACK POWER
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: _____
