

Location:

## CUBICLE/OFFICE SAFETY SELF-ASSESSMENT CHECKLIST

Date:

Inspected By:

| (Bldg/Office/Cubicle)   | (Last, First) |          | , First)  | mm/dd/yyyy                                      |
|---|---------------|----------|-----------|---|
| The guidelines below are in accordance with the campus' Injury  | / & Illne:    | ss Preve | ention Pr | rogram (IIPP) as specified in Title 8 CCR 3203. |
| ASSESSMENT AREA DESCRIPTION   | YES           | NO       | N/A       | COMMENT/CORRECTIVE ACTION                       |
| Storage   |               |          |           |   |
| File cabinets, book cases, and shelves secured from tipping over?   |               |          |           |   |
| Are any items stored on top of shelves?   |               |          |           |   |
| Are shelves overloaded?   |               |          |           |   |
| Electrical  |               | ,        |           |   |
| Any unauthorized electrically powered personal items present in cubicle (such as TV's, fans, coffee makers, hot plates, cup warmers, water coolers, popcorn makers, toasters, microwaves, refrigerators, etc.)? |               |          |           |   |
| • If a heater is present, is it equipped with an automatic shutoff when tipped?   |               |          |           |   |
| Electrical cords and plugs in good condition (not patched, spliced or taped)?   |               |          |           |   |
| Outlets and power strips used properly (not overloaded or daisy chained)?   |               |          |           |   |
| Electrical cords neatly wrapped and not creating a trip hazard?   |               |          |           |   |
| Are all overhead light fixture covers secured?  |               |          |           |   |
| Electrical any exposed wires present?   |               |          |           |   |
| Office Equipment  |               |          |           |   |
| Knives and scissors are stored properly when not in use?  |               |          |           |   |
| Chair casters are in good condition and roll properly?  |               |          |           |   |
| Illumination adequate for work area?  |               |          |           |   |
| File drawers closed when not in use?  |               |          |           |   |
| Housekeeping  |               | ,        |           |   |
| Area underneath work surface clear/unobstructed in the event of earthquake (enough space to drop & cover)?  |               |          |           |   |
| Cubicle is organized and free of excess clutter (books, folders,  |               |          |           |   |

Fire Prevention

papers, food or other items)?

Any slip and trip hazards present?

Any fall hazards or unstable items present?

Any unauthorized materials stored inside cubicle (flammables, chemicals, etc.)?

Cubicle pathway clear and unobstructed (minimum 3 feet clearance)?

Fire Extinguisher locations known & clearly identified?

| Ergo | nomics |   |
|------|--------|---|
| _    |        | - |

Approved ergonomic equipment in good condition (chair, keyboard, adjustable keyboard tray, mouse/mouse pad, monitor arm, etc.)?

Frequently used items easily accessible and within arm reach

(binders, files, phone, stapler, etc.)?