**National Health and Safety Function, Workplace Health and Wellbeing Unit,**

**National HR Division**

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| C:\Users\carolinefyffe\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\FC21FA23.tmp | **Checklist** | | |
| **Ref: CF:021:04** | **RE: Safety Checklist for Office Environments** | | |
| **Issue date:** | May 2016 | **Revised date:** | June 2023 |
| ***Author(s):*** | National Health & Safety Function - Information & Advisory Team | | |
| **Note:** | This checklist has been developed to provide additional guidance for HSE Managers when undertaking workplace inspections.  Remember a checklist must not become a tick box exercise; look at what activity is being undertaken and consult with employees.  The following is a non-exhaustive list of questions and should be modified to suit your workplace. | | |

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| **1.0 Office Environment** | | | | | | | | |
| **No.** | **Question** | **Yes** | **No** | | **N/A** | **Remedial Actions Required** | | |
| 1.1 | Is the area kept clean and tidy? |  |  | |  |  | | |
| 1.2 | Is there adequate storage space? |  |  | |  |  | | |
| 1.3 | Is the floor space free from obstructions? |  |  | |  |  | | |
| 1.4 | Are floor coverings in good condition? |  |  | |  |  | | |
| 1.5 | Is there enough space at the workstation? |  |  | |  |  | | |
| **2.0 Working Environment** | | | | | | | | |
| 2.1 | Is the temperature comfortable? |  |  | |  |  | | |
| 2.2 | Is lighting adequate? |  |  | |  |  | | |
| 2.3 | Is there adequate ventilation? |  |  | |  |  | | |
| 2.4 | Is all waste disposed of correctly and regularly (re cycled where possible)? |  |  | |  |  | | |
| **3.0 Office Equipment** | | | | | | | | |
| 3.1 | Have all relevant, Display Screen Equipment (DSE) workstations been assessed?  (all DSE Users are required to complete DSE awareness e-learning programme on HSeLanD) |  |  | |  |  | | |
| 3.2 | Is all electrical equipment maintained in accordance with manufacturers/suppliers' conditions? |  |  | |  |  | | |
| 3.3 | Are filing cabinets, shelving maintained and secure? |  |  | |  |  | | |
| 3.4 | Are keyboard and telephone cleaning materials available? |  |  | |  |  | | |
| **4.0 Welfare Facilities** | | | | | | | | |
| 4.1 | Are suitable and sufficient sanitary and washing facilities available? |  |  | |  |  | | |
| 4.2 | Is a suitable facility available for taking breaks? |  |  | |  |  | | |
| **5.0 Emergency Procedures** | | | | | | | | |
| 5.1 | Are all escape routes and fire exit doors clear of obstructions? |  | |  | | |  |  |
| 5.2 | Can all fire exits be opened quickly and easily? |  | |  | | |  |  |
| 5.3 | Is the fire alarm panel checked and if faults are shown they are reported immediately? |  | |  | | |  |  |
| 5.4 | Are luminaires and exit signs working, in good condition and visible? |  | |  | | |  |  |
| 5.5 | Are all fire extinguishers in place and clearly visible? |  | |  | | |  |  |
| 5.6 | Is a fire logbook used and updated to record all training, evacuation drills, maintenance and testing of fire procedures and responses? |  | |  | | |  |  |
| 5.7 | Are all occupants of the premises aware of their role in the fire emergency plans? |  | |  | | |  |  |
| **6.0 Management Arrangements** | | | | | | | | |
| 6.1 | Have risk assessments been completed for the location and the activities being undertaken? |  | |  | | |  |  |
| 6.2 | Is a current Safety Statement available based on hazard identification and risk assessment? |  | |  | | |  |  |
| 6.3 | Are all employees made aware of the Safety Statement and its location at least annually? |  | |  | | |  |  |
| 6.4 | Are employees aware of the safe working practices in place to allow them to undertake their work activities safely? |  | |  | | |  |  |
| **Additional Information available from:** | | | | | | | | |
| [S.I. No. 299/2007 - Safety, Health and Welfare at Work (General Application) Regulations 2007](http://www.irishstatutebook.ie/eli/2007/si/299/made/en/print)  <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/> | | | | | | | | |

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| **Summary of Corrective Action (s)** | | | | |
| No | Action | Time scale | Responsible Person | Date Completed |
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Checklist completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_