

GENERAL WORKPLACE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Housekeeping and Cleanliness

- Yes No — Work areas are clean and free from clutter or debris
- Yes No — Aisles and emergency exits are clear and unobstructed
- Yes No — Waste is disposed of properly and receptacles are emptied regularly

Electrical Safety

- Yes No — Cords and outlets are in good condition with no visible damage
- Yes No — Power strips are not overloaded
- Yes No — Electrical panels are labeled and accessible

Fire Safety

- Yes No — Fire extinguishers are available, inspected, and clearly marked
- Yes No — Emergency exits are clearly labeled and illuminated
- Yes No — Evacuation routes and plans are posted and understood by staff

Ergonomics and Workstations

- Yes No — Chairs, desks, and monitors are adjusted to proper ergonomics
- Yes No — Cords and cables are managed to prevent tripping
- Yes No — Employees have access to necessary ergonomic tools and supports

Chemical Safety (if applicable)

- Yes No — Chemicals are labeled and stored properly
- Yes No — MSDS/SDS sheets are available for all chemicals
- Yes No — Staff are trained in chemical handling and emergency response

PPE and Safety Equipment

- Yes No — Personal protective equipment is available and in good condition
- Yes No — Safety signage is posted in hazardous areas
- Yes No — First aid kits are stocked and accessible

Lighting and Ventilation

- Yes No — Workspaces are well-lit with functioning light fixtures
- Yes No — Ventilation systems are operational and unobstructed
- Yes No — Air quality is comfortable and free of strong odors

General Safety Practices

- Yes No — Slip, trip, and fall hazards are addressed
- Yes No — Employees follow proper lifting techniques
- Yes No — Safety meetings or briefings are held regularly

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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