

Detailed Office Assessment

Use this assessment to compile data on the overall safety of your work facility in accordance with the requirements of Subpart I – *Personal Protective Equipment Written Hazard Assessment*.

Name of Workplace: _____

Date of Preliminary Assessment: _____

Name of Assessment Evaluator: _____

Check the appropriate option for each question.

Safety Assessment

Eye and Face Protection

- | | | |
|--|-----|----|
| 1. Are employees exposed to any flying particles? | Yes | No |
| 2. Are employees exposed to molten metals of any kind? | Yes | No |
| 3. Are employees exposed to liquid chemicals? | Yes | No |
| 4. Are employees exposed to acids of any kind? | Yes | No |
| 5. Are chemical gases of any kind present? | Yes | No |
| 6. Are employees exposed to light radiation of any type? | Yes | No |

Hand Protection

- | | | |
|--|-----|----|
| 1. Are employees hands exposed to harmful substances? | Yes | No |
| 2. Are employees hands protected against severe cuts, abrasions or punctures? | Yes | No |
| 3. Are employees exposed to equipment or chemicals that can cause burns? | Yes | No |
| 4. Are employees exposed to possible thermal burns? | Yes | No |
| 5. Are there circumstances when employees are exposed to extreme temperatures? | Yes | No |

Review and Training Certification

Review the answers that are listed above. Also, review the checklist with your employees to show the procedures, techniques, and equipment required for their safety.

Other Areas of Assessment

Means of Egress

- | | | |
|--|-----|----|
| 1. Does your building allow for the safe exit of all occupants in the event of an emergency? | Yes | No |
| 2. Are all exits maintained during construction and repair operations? | Yes | No |
| 3. Are all exits, paths to exits, and paths from the exits kept clear of obstruction? | Yes | No |
| 4. Do all exits and exit components meet specifications? | Yes | No |
| 5. Are all exits properly marked with illuminated signs? | Yes | No |
| 6. Do you perform regular maintenance and inspection procedures to ensure equipment is in proper working condition (i.e... sprinkler system, fire alarm, and fire door exit lighting)? | Yes | No |
| 7. Are evacuation procedures listed and viewable? | Yes | No |
| 8. Do all employees know the emergency action plan? | Yes | No |
| 9. Have all employees reviewed the fire hazards and the fire prevention plan? | Yes | No |
| 10. Are housekeeping procedures for controlled flammable and combustible wastes included in the plan? | Yes | No |

Lighting Ventilation and Temperature

- | | | |
|---|-----|----|
| 1. Is adequate workplace lighting provided? | Yes | No |
| 2. Are temperatures maintained at or above 65°F and at or below 75°F? | Yes | No |
| 3. Is adequate ventilation provided? | Yes | No |

Record Keeping

1. Are you keeping the following records for 30 years:
 - A. Employee medical records? Yes No
 - B. Employee exposure records? Yes No
 - C. SDS or list of chemicals that employees are exposed to? Yes No
2. Do you have procedures for providing requested records to employees or employee representatives within 15 days? Yes No
3. Do your procedures allow for copy making of requested records ? Yes No

First Aid

1. Is first aid attention readily available in the work facility? Yes No
2. Are eyewash units and/or emergency showers available in areas where employees work with corrosive materials? Yes No

Oxygen

1. Do oxygen containers meet DOT specifications? Yes No
2. Are oxygen and nitrous tanks properly secured with chains? Yes No

Work Surfaces

1. Are all work areas, passageways, storerooms and service rooms kept:
 - A. Clean? Yes No
 - B. Orderly? Yes No
 - C. Sanitary? Yes No
 - D. Free of loose materials? Yes No
2. Are the floors kept dry? Yes No
3. Are all passageways and aisles marked and free from obstruction? Yes No

Emergency Responses

- | | | |
|---|-----|----|
| 1. Do you have a company health and safety program? | Yes | No |
| 2. Does it address all areas required by OSHA? | Yes | No |
| 3. Do you have a written PPE program? | Yes | No |

Ionizing Radiation

- | | | |
|---|-----|----|
| 1. Do employees use personal monitoring equipment? | Yes | No |
| 2. Are the proper caution and label signs used? | Yes | No |
| 3. Are employees provided training and information regarding radiation exposure and protection? | Yes | No |

Fire Safety

- | | | |
|---|-----|----|
| 1. Do you have procedures for handling and storage of flammable materials | Yes | No |
| 2. Do fire extinguishers have documented inspections? | Yes | No |
| 3. Are employees trained to operate fire extinguishers? | Yes | No |
| 4. Are employees trained in how to report an emergency? | Yes | No |
| 5. Are detection and alarm systems properly maintained? | Yes | No |
| 6. Do you have an established procedure for alerting employees about emergencies? | Yes | No |

Infection Control

- | | | |
|--|-----|----|
| 1. Does your facility follow current CDC guidelines? | Yes | No |
| 2. Is your facility in compliance with the <i>OSHA Bloodborne Pathogens Standard</i> ? | Yes | No |

Hazard Communication Assessment

Are you familiar with your company's:

- | | | |
|---|-----|----|
| 1. Training Program on protective equipment and procedures? | Yes | No |
| 2. Hazard Communication Program? | Yes | No |
| 3. Filed Safety Data Sheets? | Yes | No |
| 4. Procedures for reviewing each SDS? | Yes | No |
| 5. Training program on reading and using labels and SDS? | Yes | No |

Do the Hazardous Material Containers in the workplace include the:

- | | | |
|---|-----|----|
| 1. Name of the Chemical? | Yes | No |
| 2. Potential physical hazards? | Yes | No |
| 3. Potential health hazards? | Yes | No |
| 4. Protective clothing, equipment and procedures to be used during handling of hazardous materials? | Yes | No |

Do the SDS include, and do all workers understand, the following information:

- | | | |
|---|-----|----|
| 1. Chemical Identity? | Yes | No |
| 2. Ingredients used in the chemical mix? | Yes | No |
| 3. Physical and chemical characteristics? | Yes | No |
| 4. The physical hazards (e.g. fire, explosion) and handling procedures? | Yes | No |
| 5. Exposure limits or Threshold Limit Values? | Yes | No |
| 6. Carcinogens? | Yes | No |
| 7. Signs and symptoms of exposure? | Yes | No |
| 8. Routes of entry? | Yes | No |
| 9. Protective equipment and ventilation required? | Yes | No |

Does the SDS also include, and do all workers understand, the following information:

- | | | |
|--|-----|----|
| 10. The reactivity of the chemical? | Yes | No |
| 11. Procedures and equipment required for clean up of spills, leaks, and disposal? | Yes | No |
| 12. Storage and handling? | Yes | No |
| 13. Special safety information while working with the chemical? | Yes | No |

Posting of Documents

Are the following documents posted on a bulletin board in a common area of the workplace.

- | | | |
|---|-----|----|
| 1. Chemical Inventory List? | Yes | No |
| 2. Evacuation Plan? | Yes | No |
| 3. OSHA Form 3165? | Yes | No |
| 4. Hazard Communications Program Information Sheet? | Yes | No |
| 5. State Required Forms – EEO, OSHA, EPA, etc.? | Yes | No |
| 6. First Aid Equipment Location? | Yes | No |