

Division of Health Facilities ND Department of Health

Safety Checklist

The following checklist is designed to assess the overall safety of the Community-Based Workplace.

For any item marked in the “No” column, the surveyor must provide a written explanation that identifies why the item was marked “No”.

Please complete and return this checklist to management by _____.
(date)

COMMUNITY-BASED WORKPLACE SAFETY CHECKLIST	YES	NO	N/A
1. If asbestos containing material is present, is it undamaged and in good condition? (Check only if applicable).			
2. Does the space appear to be free of indoor air quality problems?			
3. Is the space free from excess noise?			
4. Is there potable (drinkable) water available?			
5. Is adequate ventilation present for the desired occupancy?			
6. Are bathroom(s) available?			
7. Are all stairs equipped with handrails?			
8. Is all electrical equipment free of recognized hazards that would cause physical harm? (i.e. frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling or walls)			
9. Will the building's electrical system permit the grounding of electrical equipment? (3-prong outlets)			
10. Is the work area free of obstructions to permit visibility and movement?			
11. Do file cabinets and storage closets open so they do not obstruct walkways?			
12. Do chairs have well-fixed (not loose) casters/wheels?			
13. Are the rungs and legs of chairs sturdy?			
14. Are the phone lines, electrical cords, and extension wires safely secured?			
15. Is the office space free of excessive combustible materials?			
16. Is there adequate lighting to accomplish work assignments?			
17. Are floor surfaces clean, dry, and level?			
18. Are carpets well secured to the floor and free of frayed or worn seams?			
19. Is the employee's work space ergonomically correct to avoid bodily injury?			

Safety Checklist completed for the Workplace of: _____.

Checklist completed by : _____.

Date completed: _____.