

Workplace Safety Program

Name of department: \_\_\_\_\_

## Office Self-Assessment Form

*This self-assessment form should be used to document safety assessments of individual offices. It should not be used for general administrative areas such as large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials.*

The university is required to perform and document self-assessments of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). As a result, this is a requirement of the university's Workplace Safety Program. Each department must assess its office workspaces annually using this office self-assessment form or an equivalent. This form can assist you in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

After completing the self-assessment form, share the results with your supervisor and Department Safety Committee. Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." If you need assistance correcting conditions, or if you have any questions or concerns about safety in the workplace, contact your Department Safety Coordinator or the Office of Environment, Health & Safety (EH&S) at 642-3073. Keep the original self-assessment form on file in your department, so that it will be available should Cal/OSHA or campus oversight committees request it. EH&S will periodically check that your department has performed and documented office self-assessments.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic assessments of all work areas as part of an effective IIPP. However, completion of this form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

Office Location (Rm/Bldg) _____	Date of Inspection _____
Department _____	
Assessor's Name (print) _____	Signature _____
Supervisor's Name (print) _____	Signature _____

**1. Has all electrical equipment that is required to be grounded (e.g., computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)**

Yes (Satisfactory)    No (Needs Correction)   Date Corrected: \_\_\_\_\_    N/A

**Corrective Action:** Contact your supervisor or Department Safety Coordinator to arrange for installation of appropriate outlets and plugs.

**2. Do all power strips have a circuit breaker? (Only power strips with a circuit breaker reset switch should be used. Extension cords are not allowed as permanent wiring.)**

Yes (Satisfactory)    No (Needs Correction)   Date Corrected: \_\_\_\_\_    N/A

**Corrective Action:** Replace power strips without circuit breaker with ones that have them. Do not connect power strips and/or extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and install permanent wiring to replace those that have been used for more than 30 days.

**3. Is furniture and equipment over 4-feet tall braced to prevent tipping in an earthquake?**

Yes (Satisfactory)    No (Needs Correction)   Date Corrected: \_\_\_\_\_    N/A

**Corrective Action:** Contact your supervisor or Department Safety Coordinator for assistance in installing seismic restraints, or remove items in question.

**4. Is the floor free of slip or trip hazards?**

Yes (Satisfactory)    No (Needs Correction)   Date Corrected: \_\_\_\_\_    N/A

**Corrective Action:** Remove stored material and extension cords from exit paths and clean up any spilled material immediately. Ensure that exit paths are maintained free of obstructions and hazards.

**5. Have computer workstations been ergonomically evaluated for all employees who spend four or more hours at their computer each day?**

Yes (Satisfactory)  No (Needs Correction) Date Corrected: \_\_\_\_\_  N/A

**Corrective Action:** Contact your supervisor or Department Safety Coordinator to have a trained workstation evaluator assess the workstation. If your department does not have an evaluator, contact University Health Services, Ergonomics Program (642-8410).

**6. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)**

Yes (Satisfactory)  No (Needs Correction) Date Corrected: \_\_\_\_\_  N/A

**Corrective Action:** Contact your Department Safety Coordinator to arrange for door repairs.