



## OFFICE / WORKSTATION SELF-AUDIT CHECKLIST

Laboratory Name (if applicable): \_\_\_\_\_

Office Room No: \_\_\_\_\_

Date of audit: \_\_\_\_\_

Name of person doing audit: \_\_\_\_\_

### **1. LAYOUT**

- |                                       |            |
|---------------------------------------|------------|
| 1.1 Area is tidy and well kept        | Y / N / NA |
| 1.2 Floor is free of obstructions     | Y / N / NA |
| 1.3 Floor coverings in good condition | Y / N / NA |

### **2. WORK ENVIRONMENT**

- |   |            |
|---|------------|
| 2.1 Area is free from unacceptable odours                         | Y / N / NA |
| 2.2 Noise level is acceptable                                     | Y / N / NA |
| 2.3 Unacceptable odours and noises reported to Department Manager | Y / N / NA |
| 2.4 Lighting covers and fittings are secure                       | Y / N / NA |

### **3. EMERGENCY PROCEDURES**

- |  |            |
|--|------------|
| 3.1 Written emergency procedures posted near phones                    | Y / N / NA |
| 3.2 Fire extinguisher of appropriate type is close by, ie. within 20 m | Y / N / NA |
| 3.3 Tag on fire extinguisher has been checked in the last 6 months     | Y / N / NA |
| 3.4 Alarm can be heard in the area                                     | Y / N / NA |
| 3.5 Escape routes are in good order                                    | Y / N / NA |
| 3.6 Emergency and hazard signage is clearly visible                    | Y / N / NA |

### **4. FIRST AID FACILITIES**

- |  |            |
|--|------------|
| 4.1 Location of First Aid kits is known to staff                   | Y / N / NA |
| 4.2 Kits accessible within 5 minutes                               | Y / N / NA |
| 4.3 First Aid Kit Contents checked 6 monthly along with this audit | Y / N / NA |
| 4.4 Names and contact information for First Aiders displayed       | Y / N / NA |

### **5. WORKSTATION ERGONOMICS**

- |   |            |
|---|------------|
| 5.1 Workstation assessed using the Keyboard Workstation Assessment* | Y / N / NA |
|---|------------|

### **6. GENERAL FACILITIES**

- |  |            |
|--|------------|
| 6.1 Are there any new people who have not attended an Induction Program? (record on last page) | Y / N / NA |
| 6.2 Area is clean  | Y / N / NA |
| 6.3 Lockers, or lockable cupboards or drawers, available for staff                             | Y / N / NA |
| 6.6 EHS information provided on noticeboards, internet and by email                            | Y / N / NA |

### **7. MANUAL HANDLING**

- |  |            |
|--|------------|
| 7.1 Often used items are within easy access, between knee and shoulder | Y / N / NA |
| 7.2 Heavy items stored at waist height                                 | Y / N / NA |
| 7.3 Step-ladders or stools used to access items stored on high shelves | Y / N / NA |
| 7.4 Repetitive operations minimized                                    | Y / N / NA |
| 7.5 Regular rest breaks are taken                                      | Y / N / NA |
| 7.6 Trolleys are available and use to transport items                  | Y / N / NA |

### **8. ENVIRONMENTAL ISSUES**

- |  |            |
|--|------------|
| 8.1 Use of energy sources minimised – electricity, gas and water | Y / N / NA |
| 8.2 Paper, cardboard, toner, etc recycled                        | Y / N / NA |
| 8.3 Electronic mail used when possible                           | Y / N / NA |
| 8.4 Double-sided photocopying and printing when possible         | Y / N / NA |

\*Keyboard Workstation Assessment only required for new staff or change of work area



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**9. ELECTRICAL SAFETY**

- |     |   |            |
|-----|---|------------|
| 9.1 | All relevant portable equipment have current electrical test tags (exemptions listed below #) | Y / N / NA |
| 9.2 | Extension leads only used for temporary power supply  | Y / N / NA |
| 9.3 | Power boards used, not adaptors   | Y / N / NA |
| 9.4 | Power leads are kept clear of walkways  | Y / N / NA |
| 9.5 | Tags used on faulty equipment   | Y / N / NA |
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# Office equipment is exempt from electrical testing and tagging unless it is older than 5 years and/or subjected to unfavourable conditions

List of people who participated in the audit:

Are any corrective actions required?    Yes / No    (If yes, record below)

Signature of Person Responsible: \_\_\_\_\_

Other comments and observations:

Corrective actions required: