

Office OSHA Workplace Compliance Checklist

Safety & Compliance

DATE ____/____/____	INSPECTOR	OFFICE / LOCATION
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WALKING & WORKING SURFACES

	OK	ISSUE
Floors dry and free of trip hazards	<input type="radio"/>	<input type="radio"/>
Cables secured and not crossing walkways	<input type="radio"/>	<input type="radio"/>
Carpets flat (no curled edges)	<input type="radio"/>	<input type="radio"/>
Stairways well-lit with handrails <input type="checkbox"/> OK <input type="checkbox"/> Issue <input type="checkbox"/> N/A		
Aisles and corridors clear <input type="checkbox"/> OK <input type="checkbox"/> Obstructed		
Step stools available (not chairs) <input type="checkbox"/> OK <input type="checkbox"/> Issue		

ERGONOMICS

	OK	ISSUE		OK	ISSUE
Adjustable chairs provided	<input type="radio"/>	<input type="radio"/>	Adequate task lighting	<input type="radio"/>	<input type="radio"/>
Monitor at eye level	<input type="radio"/>	<input type="radio"/>	Screen glare minimised	<input type="radio"/>	<input type="radio"/>
Keyboard and mouse at elbow height	<input type="radio"/>	<input type="radio"/>			
Ergonomic assessments offered to staff <input type="checkbox"/> Yes <input type="checkbox"/> No					

FIRE SAFETY

Fire extinguishers present and tagged OK Issue
 Fire extinguisher access unobstructed OK Blocked
 Smoke detectors present and functional OK Issue
 Fire alarm pull stations accessible OK Blocked
 Sprinkler heads unobstructed (45 cm clearance) OK Blocked N/A
 Evacuation map posted OK Missing

EMERGENCY EXITS

All exit doors functional and unblocked OK Blocked
 Exit signs illuminated OK Out
 Emergency lighting operational OK Issue
 Assembly point known by staff Yes No

ELECTRICAL SAFETY

	OK	ISSUE
No overloaded power strips	<input type="radio"/>	<input type="radio"/>
No daisy-chained power strips	<input type="radio"/>	<input type="radio"/>

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	OK	ISSUE
Cords in good condition (no fraying)	<input type="radio"/>	<input type="radio"/>
Electrical panel accessible (1 m clearance) <input type="checkbox"/> OK <input type="checkbox"/> Blocked		
Space heaters used safely (if allowed) <input type="checkbox"/> OK <input type="checkbox"/> Issue <input type="checkbox"/> N/A		
PAT testing current <input type="checkbox"/> Yes <input type="checkbox"/> Overdue <input type="checkbox"/> N/A		

FIRST AID & EMERGENCY

First aid kit stocked and accessible OK Low Missing

AED present and status indicator OK OK Issue N/A

Trained first aiders on site Yes No

Emergency contact list posted OK Missing

HOUSEKEEPING & GENERAL

	OK	ISSUE		OK	ISSUE
Storage rooms organised and tidy	<input type="radio"/>	<input type="radio"/>	Break room clean and hygienic	<input type="radio"/>	<input type="radio"/>
Heavy items stored at waist height	<input type="radio"/>	<input type="radio"/>	Waste bins emptied regularly	<input type="radio"/>	<input type="radio"/>
Cleaning chemicals stored safely	<input type="radio"/>	<input type="radio"/>			
No blocked ventilation grilles <input type="checkbox"/> OK <input type="checkbox"/> Blocked					

ACTIONS REQUIRED

Issues found

Corrective actions assigned

Inspector signature _____

Notes
