

**National Oceanic and Atmospheric Administration
Office Safety Assessment Checklist for
Supervisors and Program Managers**

Name:	Division:
Location:	Date:

Questions with a "NO" answer require corrective action. Enter name of person or department responsible for the Corrective Action

Yes	No	N/A	Emergency Exits	Responsible Person/Dept.
0	0	0	Are exits kept free of obstructions or locking devices which could impede immediate escape?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are exits properly marked and illuminated?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AND EXIT," "TO BASEMENT," "STOREROOM," etc.?	<input style="width:100%; height:20px;" type="text"/>
Work Environment				
0	0	0	Are all work areas clean, sanitary, and orderly?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are aisles and passages free of stored material that may present a trip hazard?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are tile floors in places like kitchens and bathrooms free of water and slippery substances?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are carpet and throw rugs free of tears or trip hazards?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are file drawers kept closed when not in use?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are passenger and freight elevators inspected annually and are the inspection certificates available for on-site review?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are heating and air conditioning vents clear of obstructions?	<input style="width:100%; height:20px;" type="text"/>
Ergonomics				
0	0	0	Are employees advised of proper lifting techniques?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are workstations configured to prevent common ergonomic concerns?	<input style="width:100%; height:20px;" type="text"/>
Emergency Information				
0	0	0	Are established emergency phone numbers posted where they can be readily found in case of emergency?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are employees trained in emergency procedures?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are fire evacuation procedures available and diagrams posted?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Is a copy of the facility fire prevention and emergency action plan readily available on site?	<input style="width:100%; height:20px;" type="text"/>
Fire Prevention				
0	0	0	Are portable fire extinguishers visually inspected monthly and serviced annually?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are areas around portable fire extinguishers free of obstructions and properly labeled?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are fire alarm pull stations clearly marked and unobstructed?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are 18" clearances maintained below sprinkler heads, including all storerooms, closets and mechanical rooms?	<input style="width:100%; height:20px;" type="text"/>
Electrical Systems				
0	0	0	Are all cord and cable connections intact and secure?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are power strips limited to one per outlet? (No daisy chaining?)	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are outlets free of overloading?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Has all temporary wiring been removed? (Through walls, doors, under carpeting, etc.)	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Are the areas around electrical panels and breakers free of obstructions?	<input style="width:100%; height:20px;" type="text"/>
0	0	0	Is all equipment properly identified with voltage and purpose?	<input style="width:100%; height:20px;" type="text"/>

Specific Notes for Deficiencies

Name of Supervisor:

SAFETY OBSERVATION FORM

Instructions: Prior to making your observation, review checklist items on this form. Upon entering the observation area, spend 20-30 seconds closely observing behaviors, conditions, and procedures. Mentally note them and return to fill out the observation form. Note at least one corrective action for each observation. Review with employee, stressing the employee's anonymity, and commend or correct all observed actions. End by thanking employee.

Manager/
Supervisor _____

Line Office _____

Date _____

Facility/Ship _____

Time _____

Department _____

Description of observation:

Action(s) Taken: (i.e. commended employee, corrected unsafe condition, etc.)

Potential for Injury or Deficiencies noted: _____

Personal Protective Equipment

___ Eyes & Face

___ Ears/Noise

___ Hands

___ Feet

___ Respiratory

Position

___ Struck by or Against

___ Caught between

___ Fall or Trip

___ Temperature

___ Lifting

Tools

___ Correct tool for job?

___ Proper Use

___ Condition of Tool

Facilities

___ Cleanliness/Housekeeping

___ Work area design

___ Floor Surfaces

Procedures

___ Written task procedures?

___ Were they followed?

___ Are they adequate?

Behaviors

___ Communicates?

___ Eye contact /hazard?

___ Work pace (behind)?