

# Office Health & Safety Audit Form

Use Fulcrum's adaptable, no-code mobile app to conduct an audit of offices to ensure compliance with health and safety regulations and codes. Find the digital version of this form and more at <https://www.fulcrumapp.com/apps/office-health-and-safety-audit-form>.

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## General

Office Building Name \_\_\_\_\_

Office Building No. \_\_\_\_\_

Office Building Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

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## Health & Safety Documentation

- ▶ Does the company have a written health & safety policy statement?  
 Yes     No     N/A
  
- ▶ Has the health & safety policy statement been reviewed and updated?  
 Yes     No     N/A
  
- ▶ Is the health & safety policy statement signed and dated?  
 Yes     No     N/A
  
- ▶ Is the health & safety policy statement prominently displayed in the workplace?  
 Yes     No     N/A
  
- ▶ Are the individual responsibilities clearly defined in the health & safety policy?  
 Yes     No     N/A

- ▶ **Are the health & safety policy arrangements clearly defined?**  
 Yes     No     N/A
- ▶ **Are the employees aware of the contents of the health & safety policy statement?**  
 Yes     No     N/A
- ▶ **Are the employees aware of their responsibilities towards health & safety?**  
 Yes     No     N/A
- ▶ **Is there a health & safety law poster in the workplace?**  
 Yes     No     N/A
- ▶ **Are the correct details filled in on the health & safety law poster?**  
 Yes     No     N/A
- ▶ **Is there a copy of the current employers liability certificate available for inspection?**  
 Yes     No     N/A
- ▶ **Do arrangements exist to ensure that contractors/sub contractors are competent to undertake the work required?**  
 Yes     No     N/A
- ▶ **Do arrangements exist to ensure that contractors are aware of the company's health & safety policy and safe systems of work relevant to the performance of their work?**  
 Yes     No     N/A
- ▶ **Do arrangements exist to ensure that contractors possess adequate liability insurance prior to work commencing?**  
 Yes     No     N/A
- ▶ **How are visitors to the building controlled?**  
 Yes     No
- ▶ **Are visitors inducted into the building?**  
 Yes     No

- ▶ Other Observations?

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- ▶ Actions required to rectify

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## Asbestos Management

- ▶ Has the building got an asbestos register?

Yes     No     N/A

- ▶ Is the register up to date?

Yes     No     N/A

- ▶ Is the management plan up to date?

Yes     No     N/A

- ▶ Have all operatives who need asbestos awareness training had the training?

Yes     No     N/A

- ▶ Other Observations?

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- ▶ Actions required to rectify

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## Risk Assessments/Training

- ▶ Has a suitable & sufficient general workplace risk assessment been undertaken for the premises?

Yes     No     N/A

- ▶ Is the risk assessment regularly reviewed to take into account changes in working practice?  
 Yes     No     N/A
- ▶ Does the risk assessment take special account of vulnerable workers such as young persons, pregnant women and any lone workers?  
 Yes     No     N/A
- ▶ Are employees consulted in the risk assessment process?  
 Yes     No     N/A
- ▶ Are the results of the risk assessments recorded and jointly discussed?  
 Yes     No     N/A
- ▶ Are all operations which involve significant health & safety implications the subject of a defined safe system of work?  
 Yes     No     N/A
- ▶ Have all employees received induction training and is this documented?  
 Yes     No     N/A
- ▶ Has a training needs analysis been carried out for all employees?  
 Yes     No     N/A
- ▶ Is all health & safety training provided by fully competent personnel?  
 Yes     No     N/A
- ▶ Are training records up to date?  
 Yes     No     N/A
- ▶ Are recorded risk assessments completed for manual handling tasks?  
 Yes     No     N/A
- ▶ Where practicable have efforts been made to eliminate the need for manual handling?  
 Yes     No     N/A
- ▶ Has appropriate employee training in manual handling techniques been provided?  
 Yes     No     N/A

▶ Other Observations?

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▶ Actions required to rectify

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## Electrical Safety

▶ Are there any broken plugs or outlets?

Safe     At Risk

▶ Are there any frayed or damaged leads?

Safe     At Risk

▶ Are all fixed wiring installations inspected on a regular basis by a qualified and competent person?

Safe     At Risk

▶ Is there evidence of up to date PAT on electrical items?

Safe     At Risk

▶ Are there any extension leads across the floor?

Safe     At Risk

▶ Are there multiple double adaptors in a series?

Safe     At Risk

▶ Are there signs of overloading of power boards, power points?

Safe     At Risk

▶ Other Observations?

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▶ Actions required to rectify

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## Fire Control

- ▶ Are fire extinguishers in place & signed?  
 Yes     No     N/A
- ▶ Are fire extinguishers within service dates?  
 Yes     No     N/A
- ▶ Are all fire/emergency exit signs in place?  
 Yes     No     N/A
- ▶ Has there been a full fire evacuation in the last 12 months?  
 Yes     No     N/A
- ▶ Has a fire risk assessment been carried out?  
 Yes     No     N/A
- ▶ Is the fire risk assessment up to date all actions carried out?  
 Yes     No     N/A
- ▶ Are exits clear of obstructions?  
 Yes     No     N/A
- ▶ Are all fire doors shut but not locked?  
 Yes     No     N/A
- ▶ Is emergency lighting operable?  
 Yes     No     N/A
- ▶ Are staff fire training records up to date?  
 Yes     No     N/A
- ▶ Does fire equipment appear to be in good condition?  
 Yes     No     N/A
- ▶ Other Observations?  

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- ▶ Actions required to rectify
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## Walkways, Stairs and Ladders

- ▶ Are floor areas clean, dry and free from slip/trip hazards?

Yes     No     N/A

- ▶ Are walkways kept clear?

Safe     At Risk     N/A

- ▶ Are stairs in good condition?

Safe     At Risk     N/A

- ▶ Are handrails in place, where required?

Yes     No     N/A

- ▶ Are portable ladders in good condition?

Yes     No     N/A

- ▶ Are there work areas where fall protection is required?

Safe     At Risk     N/A

- ▶ Other Observations?
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- ▶ Actions required to rectify
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## Chemicals (Hazardous/Dangerous Substances)

- ▶ Is there a Hazardous Substance register?

Yes     No     N/A

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- ▶ **Is there access to MSDS for all chemical products used?**  
 Yes     No     N/A
  
- ▶ **Have risk assessments been completed for hazardous substances?**  
 Yes     No     N/A
  
- ▶ **Do arrangements exist to review COSHH implications of new products prior to purchase?**  
 Yes     No     N/A
  
- ▶ **Are flammable substances stored in small quantities in a fire proof cabinet?**  
 Yes     No     N/A
  
- ▶ **Have all employees that are using COSHH products had adequate training to use them?**  
 Yes     No     N/A
  
- ▶ **Are arrangements in operation for the provision of health surveillance in appropriate cases?**  
 Yes     No     N/A
  
- ▶ **Are there any cooling towers in the building requiring Legionella checks?**  
 Yes     No     N/A
  
- ▶ **Does the building have any showers?**  
 Yes     No     N/A
  
- ▶ **Are there records of checks on Sentinel Taps?**  
 Yes     No     N/A
  
- ▶ **Other Observations?**  

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- ▶ **Actions required to rectify**  

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## First Aid/Accident Reporting & Investigations

- ▶ Has an assessment been made to establish the first aid requirements for the company?

Yes     No     N/A

- ▶ Is there a list of first aider's and emergency contact numbers displayed?

Yes     No     N/A

- ▶ Is there a first aid kit/cabinet available and accessible?

Yes     No     N/A

- ▶ Are employees aware of location of first aid kit?

Yes     No     N/A

- ▶ Is the first aid kit adequately stocked?

Yes     No     N/A

- ▶ Are first aid records kept?

Yes     No     N/A

- ▶ Are detailed accident investigation records kept?

Yes     No     N/A

- ▶ Have there been any reportable accidents recently?

Yes     No     N/A

- ▶ Are there accident/incident/near miss reports?

Yes     No     N/A

- ▶ Other Observations?
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- ▶ Actions required to rectify
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## Plant/Work Equipment

- ▶ Is all lifting equipment (e.g. Lift trucks, hoists lifts etc) subject to regular testing by a competent person?  
 Yes     No     N/A
- ▶ Are current inspection certificates available for all lifting devices?  
 Yes     No     N/A
- ▶ Is all work equipment identified and in good condition and suitable for use?  
 Yes     No     N/A
- ▶ Have employees had suitable & sufficient training in the use of their work equipment?  
 Yes     No     N/A
- ▶ Other Observations?  
\_\_\_\_\_
- ▶ Actions required to rectify  
\_\_\_\_\_

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## General Housekeeping

- ▶ Are work areas clear of rubbish?  
 Yes     No     N/A
- ▶ Are items not in use stored appropriately?  
 Yes     No     N/A
- ▶ Are bins full & overflowing?  
 Yes     No     N/A
- ▶ Is there evidence of general clutter?  
 Yes     No     N/A

▶ Other Observations?

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▶ Actions required to rectify

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## Office Safety

▶ Are recorded risk assessments completed for workstations of display screen users?

Yes     No     N/A

▶ Are users offered free eye tests?

Yes     No     N/A

▶ Is there glare or reflections on computer screens?

Yes     No     N/A

▶ Are work station layouts suitable?

Yes     No     N/A

▶ Is lighting adequate for work tasks?

Yes     No     N/A

▶ Are light fittings clean and in good condition?

Yes     No     N/A

▶ Are diffuser covers in place and securely fixed where required?

Yes     No     N/A

▶ Is furniture appropriate and sound?

Yes     No     N/A

▶ Is air conditioning maintained?

Yes     No     N/A

- ▶ **Is the office clean and tidy?**  
 Yes     No     N/A
- ▶ **Are floor coverings sound?**  
 Yes     No     N/A
- ▶ **Is there adequate ventilation around photocopiers?**  
 Yes     No     N/A
- ▶ **Are filing cabinets drawers kept closed when not in use?**  
 Yes     No     N/A
- ▶ **Other Observations?**  

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- ▶ **Actions required to rectify**  

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## Storage

- ▶ **Are materials stored so they will not fall?**  
 Yes     No     N/A
- ▶ **Are materials stored so that good manual handling practices can be applied, therefore safe retrieval?**  
 Yes     No     N/A
- ▶ **Are storage racks/cupboards in sound condition, not overloaded?**  
 Yes     No     N/A
- ▶ **Are racks free from projection, sharp edges?**  
 Yes     No     N/A
- ▶ **Are incompatible hazard substances segregated?**  
 Yes     No     N/A

▶ Other Observations?

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▶ Actions required to rectify

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## Welfare Matters

▶ Are toilets clean?

Yes     No     N/A

▶ Are kitchen facilities/lunchrooms clean?

Yes     No     N/A

▶ Is drinking water available?

Yes     No     N/A

▶ Are there washing facilities?

Yes     No     N/A

▶ Other Observations?

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▶ Actions required to rectify

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## Opportunity for Improvement

▶ Corrective Actions

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▶ Signature of client

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# Certification

Status \_\_\_\_\_

Name of Auditor  
Please print \_\_\_\_\_

Signature \_\_\_\_\_

Date                    /                    / \_\_\_\_\_

Time                    :                    AM / PM \_\_\_\_\_



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