



# Office Workstation Workplace Inspection

This inspection report can be used for; assistance with setting up a new office workstation, addressing office workstation concerns, and/or as part of regular workplace inspections (e.g. complete this tool for 10% of your office workstations to a maximum of 5 workstations for your work area)

<b>Facility or Location:</b>		
<b>Dept./Area Inspected:</b>	<b>Date (dd/mm/yy):</b>	<b>Time (24hr):</b>

## PART A – INSPECTION

	Yes	No	N/A
<b>Chair and Stools</b>			
1. Levers and adjustment mechanisms on the chairs work properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chair arms, base, and back are securely fastened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chairs can be adjusted so the worker has a 90° bend at ankles, knees and hips when seated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Chair casters/ wheels turn and pivot easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Keyboards and Mice</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
5. Keyboards and mice are positioned at elbow height, at the same level, and directly beside each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Keyboards and mice function properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monitor</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
7. Primary monitor or monitors are able to be centered to the keyboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Monitor(s) are positioned with the top of the screen at or slightly below the worker's eyes. <ul style="list-style-type: none"><li>• For those that wear progressive lenses, monitors may be adjusted lower.</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
9. There are no obstructions to knees or lower legs to allow comfortable movement under the desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There is sufficient space for desk related tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Telephones are within easy reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Headsets are provided to workers as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There are no obvious tripping hazards (e.g. cords, waste paper baskets, cables).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Desk items regularly used are within arm's reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lighting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
15. Work areas are well lit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Glare on monitors is eliminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
17. Racks, shelving and cabinets are stable and secured to prevent falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Heavy objects are stored between knee and shoulder height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

---

---

---



# Office Workstation Workplace Inspection

## PART B – RECOMMENDATIONS

Item #	Action	Assigned to	Date Complete

## PART C – SIGN OFF

### Inspected by:

(please print)	(signature)	(date)
(please print)	(signature)	(date)

### Initial Manager Review:

(please print)	(signature)	(date)
----------------	-------------	--------

### Final Manager Review:

(please print)	(signature)	(date)
----------------	-------------	--------

# Office Workstation Workplace Inspection

## Instructions:

1. Assemble the inspection team consisting of a JOHS Committee representative and a leader from the work area.
  - If a JOHS Committee representative is not available, the inspection team should consist of a staff member knowledgeable about the area/work, and a leader from the work area.
  - If a leader is not available, the inspection team should consist of a JOHS Committee representative and a staff member knowledgeable about the area/work.
2. Complete PART A – INSPECTION
  - Correct any immediate hazards found during the inspection.
  - If this inspection includes a question section, select an appropriate member from the work area and record answers on form. Answers must remain anonymous.
3. Complete PART B- RECOMMENDATIONS
  - For items checked 'NO', record item number and appropriate action to reduce or eliminate risk.
4. Complete PART C – SIGN OFF
  - Provide the completed workplace inspection to the Manager for 'Initial Manager Review' and sign off.
  - After all action items are complete, complete the 'Final Manager Review' section.
5. Send a copy of the completed workplace inspection to the local JOHSC. For carbon copies:
  - Provide the WHITE copy after 'Initial Manager Review' is complete.
  - Provide the YELLOW copy after 'Final Manager Review' and action items are complete.
  - Maintain the PINK copy of the workplace inspection in the department for a minimum of 2 years.

**NOTE:** If you have used the fillable PDF version instead of the paper carbon copies, please send completed electronic versions to the local JOHS Committee and Manager. Maintain an electronic copy for a minimum of 2 years.

## WorkSafeBC *Occupational Health & Safety Regulation (OHSR)* References:

- Sect. 3.5 requires regular inspections of buildings, structures, grounds, excavations, tools, equipment, machinery, work methods and practices, at intervals that will prevent the development of unsafe working conditions.
- Sect. 3.9 requires that unsafe conditions found during an inspection be remedied without delay.
- Sect. 4.1 requires that employers provide a safe workplace to protect from danger any person working at the workplace.
- Sect. 4.3 requires that machinery, equipment, and tools be inspected and maintained in such a condition that workers will not be endangered. It further requires that all tools, machines, or pieces of equipment that are unsafe for use be identified so that they are not used until it is safe to do so.
- Sect. 36 of the *Workers Compensation Act (WCA)* requires the JOHS Committee to participate in inspections, and ensure that regular inspections are carried out.

Island Health Resources: [Workplace Inspections](#)