**Infants at Work (IAW) – OFM Policy 2.34**

**Workstation Inspection**

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| **Employee:**  | **Inspected Location (building/floor/cubicle):** |
| **Supervisor:** | **Workstation Belongs To:*** Parent
* ACP
* Alternate Workstation
 |
| **Date:** |
| 1. Employee whose workstation is to be inspected will schedule a 30-minute inspection appointment to include employee, employee’s supervisor, and OFM Safety Manager.
2. If corrective actions are identified, the employee will consult with their supervisor to determine whether the correction should be addressed by the employee (e.g., excessive papers on desk) or by OFM Facilities (e.g., emergency kit provided for desk). The supervisor and employee may also consult with OFM Facilities in assessing the safety issue and exploring solutions.
3. Once all corrective actions have been completed, employee will schedule a follow-up inspection by the OFM Safety Manager. If the Safety Manager and the employee agree that all issues have been resolved, the Safety Manager and employee will sign the form, make a copy and return the original to the employee. If further corrective actions are identified, return to step 2.
4. The original signed inspection form must be attached to the IAW Individual Care Plan form.
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| **Item** | **WORKSTATION INSPECTION** | **YES** | **NO** | **N/A** |
|  | Workstation free of obstacles or tripping hazards? A stroller can maneuver in the space. (Floor covering edges tacked down, free of boxes, personal items, etc.) |  |  |  |
|  | No extension cords or daisy chained power strips? |  |  |  |
|  | Proper cord management? (Phones/electrical/computer wires secured and off the floor) |  |  |  |
| 4. | Housekeeping safe and acceptable? (Cleanliness, excessive papers, etc.) |  |  |  |
| 5. | All book shelves sturdy, not shaky, and anchored to wall or panel? |  |  |  |
| 6. | Filing cabinets are either strapped to the wall or have counterweights? |  |  |  |
| 7. | All falling hazards removed? (potted plants, vases, large picture frames, etc.)  |  |  |  |
| 8. | There is enough room under the desk for a person to take cover with an infant? |  |  |  |
| 9. | An emergency kit is present under the desk? |  |  |  |

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| **CORRECTIVE ACTION PLAN** |
| **Item** | **Actions required** - Describe each “No” listed on the inspection form and suggested action needed to correct.  | **Corrective Action Taken** | **Date Corrected** |
|  | *Example: Misc file folders need to be moved so they won’t fall on baby during an earthquake* | *Corrected during visit* | *7/29/15* |
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| **Safety Manager Signature:**  | **Date:**  |
| **Employee Signature:** | **Date:** |