

# YOUR COMPANY NAME

## Office Risk Assessment Review

**Assessor:**

**Date:**

**Office Assessed:**

| Description   | Actions/<br>Controls |
|---|----------------------|
| <b>1. WORKSPACE</b><br>Is the work space insufficient to allow safe and comfortable working?      Y / N<br>Are insufficient desks, sorting tables and chairs available?                      Y / N<br>Is the office furniture in poor repair?    Y / N  |                      |
| <b>2. MANUAL HANDLING</b><br>Does any manual handling task involve stooping, twisting, or lifting?              Y / N<br>Performed for more than 1 hr at a time or once every 5 mins?                      Y / N<br>Does the object weigh more than 20kg (or 5kg from a seated position)?              Y / N<br>Are specific manual handling assessments required?                                      Y / N                                 |                      |
| <b>3. LIGHTING</b><br>Is room or corridor lighting unsatisfactory?    Y / N<br>Is there excessive glare and should it be reduced?                                      Y / N<br>Is emergency lighting required and working?    Y / N  |                      |
| <b>4. VENTILATION &amp; TEMPERATURE</b><br>Is it too hot or cold?    Y / N<br>Does the air feel stuffy or contaminated?    Y / N  |                      |
| <b>5. NOISE</b><br>Is there excessive noise?    Y / N<br>(i.e. Do you have to shout to be heard when 1m away?)                                  Y / N Are<br>specific noise assessments required?    Y / N  |                      |
| <b>6. TRIP / SLIP HAZARDS</b><br>Are there any cables across the floor?    Y / N<br>Are there any slippery floor surfaces?    Y / N<br>Are floor coverings in poor condition posing a trip hazard?                              Y / N   |                      |
| <b>7. OBSTRUCTIONS</b><br>Are there desks, filing cabinets etc causing obstructions?                              Y / N<br>(Particularly to main circulation and escape routes?)  |                      |
| <b>8. FALLING OBJECTS AND FALLS</b><br>Are materials stacked incorrectly on unfixed racking?                                      Y / N<br>Is there a lack of suitable access to heights?    Y / N  |                      |
| <b>9. ELECTRICAL &amp; MECHANICAL SAFETY</b><br>Are there any worn cables or loose connections?    Y / N<br>Are there poorly maintained pieces of accessible equipment?                          Y / N<br>Are maintenance schedules for lifts, H&V etc. non-existent?                          Y / N<br>Is access to restricted areas uncontrolled e.g. Plant rooms etc?                          Y / N |                      |
| <b>10. CLEANLINESS AND WASTE</b><br>Are the premises dirty or poorly maintained?    Y / N<br>Is waste being cleared away inefficiently?    Y / N<br>Are there COSHH assessments for cleaning materials?                                      Y / N  |                      |
| <b>11. WINDOWS AND DOORS</b><br>Are any glass surfaces vulnerable to breakage, causing injury?                          Y / N<br>Is there a risk of falls or other injury when opening windows?                          Y / N<br>Are there poor / non existent arrangements for safe window cleaning?                  Y / N   |                      |

|     |  |                                  |  |
|-----|--|----------------------------------|--|
| 12. | <b>WELFARE (toilets &amp; washrooms)</b><br>Are the toilets dirty, or inadequately ventilated?<br>Is there inadequate toilet provision or lack of privacy?<br>Is there a lack of hot water, soap or towels?  | Y / N<br>Y / N<br>Y / N          |  |
| 13. | <b>WELFARE (food &amp; drink)</b><br>Is drinking water unavailable or unmarked with no cups?<br>Are there inadequate facilities to heat food or drink?<br>Are the kitchen facilities dirty?  | Y / N<br>Y / N<br>Y / N          |  |
| 14. | <b>WELFARE (general facilities)</b><br>Is there a lack of adequate rest room facilities?<br>Are non-smokers forced to share with smokers?<br>If appropriate, are there no facilities for pregnant or nursing mothers?<br>Is a lack of appropriate clothing storage and drying facilities apparent? | Y / N<br>Y / N<br>Y / N<br>Y / N |  |
| 15. | <b>DISABLED FACILITIES</b><br>Is special disabled access required but not provided?  | Y / N                            |  |
| 16. | <b>EXTERNAL AREAS (including the roof)</b><br>Are there adequate footpaths from car parks etc?<br>Are arrangements to keep accesses clear of ice and snow inadequate?<br>Are walls, parapets and guardrails inadequate to prevent falls?<br>Are handrails to stairs unstable?                      | Y / N<br>Y / N<br>Y / N<br>Y / N |  |
| 17. | <b>PEDESTRIANS AND TRAFFIC</b><br>Are pedestrians and traffic mixed, causing risk of injury?<br>Is a traffic management system required?<br>Is the external lighting working properly?   | Y / N<br>Y / N<br>Y / N          |  |
| 18. | <b>OFFICE FIRE RISK ASSESSMENT</b><br>Is there appropriate current fire Risk Assessment available?<br>Has the office layout changed since the last Risk Assessment inspection possibly requiring a new assessment, escape arrangements or signage?   | Y / N<br>Y / N                   |  |
| 19. | <b>OFFICE FIRE ARRANGEMENTS</b><br>Is there an appointed Fire Safety Co-ordinator and Fire Marshals?<br>Is the Fire Plan available and kept up to date?  | Y / N<br>Y / N                   |  |
| 20. | <b>FIRE INSPECTIONS</b><br>Have fire inspections & evacuations been carried out on a regular basis?<br>Are fire information notices displayed and up to date?<br>Are extinguishers serviced with types locations identified?   | Y / N<br>Y / N<br>Y / N          |  |
| 21. | <b>EQUIPMENT EXAMINATIONS ETC</b><br>Are there current examination certificates for lifts etc?<br>Are current records available of Portable Appliance tests?<br>Are air conditioning systems maintained to the schedule?   | Y / N<br>Y / N<br>Y / N          |  |

**22. OTHER OFFICE RISKS**

Are there other activities that require specific risk assessments for?  
Is a further Risk Assessment required for these activities?

Y / N  
Y / N

Give reference details to further risk assessments below:

**Review completed:    Date:**

**Signature:**

**Actions completed:    Date:**

**Signature:**

**Date of next review:**

Note: For assistance in preparing risk assessments for these additional activities and assessing the need for method statements, please contact your Safety Adviser.