INFANTS AT WORK
WORKSPACE INSPECTION

Department of
Corrections
WASHINGTON STATE

Employee name: _____ Supervisor: _____ Date: _____

Workspace location (building/floor/cubicle): _____ Belongs to: ☐ Parent ☐ ACP

1. The Safety Manager will schedule a 30-minute appointment to include the employee, employee's supervisor, and local Safety Representative to inspect the workspace.

2. If the inspection indicates that corrections are needed, the Safety Manager will consult with the employee and their supervisor to determine whether the correction should be addressed by the employee, supervisor, or local Safety Representative.

3. A follow-up inspection will be scheduled after changes have been completed. If the local Safety Representative confirms the changes have been resolved, the local Safety Representative, employee, and supervisor will sign the workspace inspection checklist. Return to step 2 if further corrections are necessary.

Item	INSPECTION	Yes	No	N/A
1.	Workstation free of obstacles or tripping hazards? (e.g., floor covering edges tracked down, free of boxes, personal items)	☐	☐	☐
2.	No extension cords or daisy-chained power strips?	☐	☐	☐
3.	Proper cord management? (dangling curtain cords shortened or secured, phones, electrical, and computer wires secured and off the floor)	☐	☐	☐
4.	Housekeeping safe and acceptable? (e.g., cleanliness, excessive papers)	☐	☐	☐
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)	☐	☐	☐
8.	Is there enough room under the desk for a person to take cover with an infant?	☐	☐	☐
9.	Large or heavy items on bookshelves are on the lower shelves?	☐	☐	☐

	CORRECTIONS	
Item	**Correction needed**	**Date corrected**

_____   _____   _____

Parent/Legal Guardian/ACP name   Signature   Date

_____   _____   _____

Supervisor name   Signature   Date

_____   _____   _____

Safety Manager name   Signature   Date

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