

**SITE OFFICE CHECKLIST**

**LOCATION** : .....

**DATE** : .....

<b>Sl no</b>	<b>Items</b>	<b>Observation</b>	<b>Action to be taken</b>	<b>Responsible person</b>	<b>Target date</b>	<b>Remarks</b>
1	Are the walkways clear of tripping hazard like electrical cables, uneven surface, holes in carpet, matting, etc?					
2	Are there suitable illumination in work place					
3	Is there easy access to equipment such material storage area					
4	Is first aid kit located and easily accessible near each work place?					
5	Is first aid kit checked and stocked on regular basis?					
6	Are emergency exit available?					
7	Is there sufficient fire fighting equipments available?					
8	Is a electrical equipment in good condition?					