



## EARTHQUAKE “SECURE YOUR SPACE” INSPECTION CHECKLIST

Date of Inspection \_\_\_\_\_ Cubicle/Office Number \_\_\_\_\_

Area Occupied By \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

Inspector’s Name \_\_\_\_\_

| <b>Cubicle/Office Conditions</b>   | <b>Yes</b> | <b>No*</b> | <b>N/A</b> |
|--|------------|------------|------------|
| Overhead items above immediate work area are either removed or secured with earthquake putty |            |            |            |
| Overhead cabinets/shelves closed (Preferably locked)   |            |            |            |
| Clear space under desk/table to “Take Cover”   |            |            |            |
| Bookshelves, cabinets > 6 Feet in height are braced  |            |            |            |
| Heavy materials stored on lower or middle shelves  |            |            |            |
| Breakables stored on lower shelves or in closed cabinets                                     |            |            |            |
| Pictures on walls secured to not fall off the hook   |            |            |            |
| Clear exit pathway is maintained   |            |            |            |
| Other:   |            |            |            |

| <b>Personal Preparedness Items</b>             | <b>Yes</b> | <b>No*</b> | <b>N/A</b> |
|--|------------|------------|------------|
| Comfortable shoes                              |            |            |            |
| Three days of prescription medications present |            |            |            |
|  |            |            |            |

**Additional Comments:**

\* If “No”, please enter the date the deficiency was corrected.