

EARTHQUAKE SECURE YOUR SPACE INSPECTION CHECKLIST

Date of Inspection

Name of Person Completing Checklist:					
Cubicle/Office Number:					
Area Occupied by:					
E-Mail Address of Occupant:					
Supervisor/Manager:					
Cubicle/Office Conditions					
Overhead items above immediate work area either removed or secured with "earthquake p		No O	NA ○		
Overhead cabinets/shelves closed (preferably locked).	ý	0	0		
Clear space under desk/table is available to "Cover."	Take O	0	0		
Bookshelves, cabinets, and other fumiture tal than 6 feet in height are braced.	ller O	0	0		
Heavy materials are stored on lower or middle shelves.	e O	0	0		
Breakable items are stored on lower shelves closed cabinet.	or in a	0	0		
Large pictures/frames on walls are secured we closed hook or other hardware to prevent it fralling.		0	0		
Clear exit pathway out of the cubicle/office is maintained	0	0	0		



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Personal Preparedness Items

Comfortable athletic-type shoes or other closed toe, low/flat heel shoes available.	Yes O	No O	NA O
Emergency self-charging flashlight available.	0	0	0
Three day supply of critical personal items available (i.e. supply of essential medications, etc.)	0	0	0
If any item on this checklist was marked have the item corrected. A follow-up e-maye been corrected.			
Please provide any additional comments or concerns:			