NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 5227-F4 Page 1 of 1

INFANTS IN THE WORKPLACE - WORK SPACE INSPECTION CHECKLIST

This form is to be completed by the parent and care providers participating in the program. Prior to approval to participate, a team that includes a representative from personnel, technology, and facilities will conduct a safety inspection of the parent's and each designated care provider's workstations to ensure they do not present a safety hazard.

If corrections are needed by the employee(s), a re-inspection will be scheduled once the team has been notified that the corrections have been completed.

Employee Name		☐ Parent ☐ Care Provider	Location			
WORK ENVIRONMENT			Yes	No	NA	
1.	Floors and aisles are free of obstacles and debris for planned items (e.g. stroller, swing, bouncer)			r)		
2.	Are there any tripping hazards? (Edges of floor coverings tacked down, files, boxes, etc.)					
3.	Power strips used instead of extension cords? (Extension cords are not allowed.)					
4.	Are phones, electrical and computer wires secured and bundled, off the floor and out of infant's reach?			i's		
5. Are lights out of reach of the infant?						
WORK STATIONS			Yes	No	NA	
1.	Housekeeping safe and acceptable? (Cleanliness, excessive papers, etc.)					
2.	Book shelves sturdy, not shaky, and anchored to floor or wall?					
3.	Monitor/CPU anchored?					
4. Room under the desk for a person to take cover with an infant?						
ACTIONS REQUIRED – Describe each "No" listed on the inspection form and suggested action needed to correct.			ΞN	DATE		
APPROVALS						
Personnel Representative Signature Date						
Technology Representative Signature Date						
Facility Representative Signature Date						