

# General Office Safety Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Practice Name]  
[Address]  
[Telephone Number]

**1. General Office Safety Plan. This manual implements written instructions and procedures for employees to prevent accidents.**

**2. Safe Workplace Conditions.**

- All work areas, aisles and hallways shall be kept clear at all times.
- All exits are accessible and clearly marked and properly illuminated.
- All work areas, storage are kept in a sanitary condition, floors shall be clean and, so far as possible, a dry condition.
- Compressed gas cylinders are stored in a manner that prevents them from tipping, falling, or rolling. They are stored in areas where they are protected from external heat sources, at least 20 feet away from highly combustible materials, and where cylinders will not be damaged by passing or falling objects or tampered with by unauthorized individuals. Portable cylinders are conveyed by suitable trucks to which the cylinders are secured.
- Enclosures or guards are used in locations where electric equipment could be exposed to physical damage.
- Electric equipment is appropriately connected and grounded.
- All waste is stored in receptacles that are in good condition and clean.
- All waste and garbage is removed in the proper manner as outlined in the Exposure Control Plan, Hazard Communication Plan, and Medical Waste Disposal Plan.
- Pile or store materials in a stable manner, so that it will not be subject to falling.
- Keep walk-ways and work areas free of electrical cords.
- Never make repairs to light fixtures or change light bulbs unless authorized to do so by supervisor.

**3. Safe Work Practices.**

- Do not lift by yourself equipment and materials over 20 lbs. When carrying loads, care should be exercised to avoid overexertion and strain. Use proper lifting and reaching techniques.
- Use adjustable chairs in the operatory in order to reduce musculoskeletal injuries.
- Use appropriate safety eyewear/goggles when working in view of ultraviolet light or laser.
- Employees must exercise caution in moving about the office.
- Employees are trained in the proper use of autoclaves and proper ventilation is provided whenever utilizing autoclaves.
- Employees that must use repetitive motions are instructed about proper techniques to avoid repetitive motion injuries.
- Employees must report all unsafe conditions and symptoms of injury to their supervisor.

**4. Protective Equipment.**

- Always wear protective equipment as described in the Exposure Control and Hazard Communication plans when cleaning operatories, labs and or equipment.
- Eyewash station is available to all employees who have been instructed in its proper use.

## Checklist for General Office Safety Plan

### 1. Equipment:

- Medical emergency kit
- Eyewash station
- Safety eyewear/goggles for UV light and/or laser

### 2. Employee Training Checklist:

- Shown locations and instructed in use of Medical Emergency Kit
- Instructed in use of eyewash station
- Instructed in and shown location of safety eyewear/goggles
- Instructed on proper storage and transport of compressed gas cylinders
- Instructed to keep work areas in a sanitary condition and aisles and hallways clear at all times
- Shown location and instructed on Cal-OSHA poster - Job Safety and Health Protection
- Instructed on importance of properly connecting electrical equipment
- Instructed in location of the natural gas shut-off valve
- Instructed in proper lifting of materials in excess of 20 lbs
- Instructed to immediately report all injuries to the employer or supervisor
- Instructed to report all unsafe working conditions

## General Office Safety Plan Individual Training Documentation

\_\_\_\_\_ [Practice Name]

Name of Trainer: \_\_\_\_\_

Training Subject: General Office Safety Plan

Training Materials Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Hire/Assignment: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I received training as described above.  
I understand this training and agree to comply with the safety procedures for my work area.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Copy this blank page for each employee who will be trained. Make additional copies for future employees. Place a completed copy in employee personnel file or other appropriate employee file.*