



EARTHQUAKE SECURE YOUR SPACE INSPECTION CHECKLIST

Date of Inspection _____

Name of Person Completing Checklist: _____

Cubicle/Office Number: _____

Area Occupied by: _____

Email Address of Occupant: _____

Supervisor/Manager: _____

Cubicle/Office Conditions

	Yes	No	NA
Overhead items above immediate work area are either removed or secured with "earthquake putty."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overhead cabinets/shelves closed (<i>preferably locked</i>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear space under desk/table is available to "Take Cover."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bookshelves, cabinets, and other furniture taller than 6 feet in height are braced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy materials are stored on lower or middle shelves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakable items are stored on lower shelves or in a closed cabinet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large pictures/frames on walls are secured with a closed hook or other hardware to prevent it from falling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear exit pathway out of the cubicle/office is maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Personal Preparedness Items

	Yes	No	NA
Comfortable athletic-type shoes or other closed toe, low/flat heel shoes available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Three day supply of critical personal items available (i.e. supply of essential medications, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any item on this checklist was marked **No**, please work with your supervisor to have the item corrected. A follow-up e-mail will be sent to verify that checklist items have been corrected.

Please provide any additional comments or concerns:
