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| **UBC, Department of Materials Engineering Semi-annual inspection checklist** | | | | | |
| **D. Offices and Open Workstations** | | | | | |
| Note:  *If any office has any item identified as deficient (N), note the specific office and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| D-1 | Have staff on the first floor or ground level been advised to secure windows and draw blinds at the end of the day? | |  |  |  |
| D-2 | Are office spaces neat and orderly, with no tripping hazards present? | |  |  |  |
| D-3 | Is there appropriate lighting for work tasks? | |  |  |  |
| D-4 | Are windows covered by a means of controlling light (e.g. blinds)? | |  |  |  |
| D-5 | Are noise levels safe or hearing protection provided as required? | |  |  |  |
| D-6 | Is there adequate heating and cooling? | |  |  |  |
| D-7 | Is air flow and ventilation appropriate for work tasks? | |  |  |  |
| D-8 | Are electrical plugs, sockets and switches in good condition? | |  |  |  |
| D-9 | Do electrical control panels have clear access? | |  |  |  |
| D-10 | Are bookshelves secured to wall? | |  |  |  |
| D-11 | Are spaces free of heavy items placed up high and at risk of falling on workers? | |  |  |  |
| D-12 | Do workers have easy access to emergency contact numbers / procedures? | |  |  |  |
| D-13 | Is the area free of obstructions that would prevent workers from quickly leaving the space during an emergency? | |  |  |  |
| D-14 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, musculoskeletal injuries, etc.? | |  |  |  |
| D-15 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| D-16 | Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| D-17 | Other issues: | |  |  |  |
| **Item #** | **Inspection Notes** | | | | |
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