# **MTRL Semi-Annual Office Inspection**

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| **Building name and Room Number:** |   |
| **Name(s) of Inspector(s):** |  |
| **Date:** |  |

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| **General** | **Y** | **N** | **N/A** |
| 1. Have staff on the first floor or ground level been advised to secure windows and draw blinds at the end of the day?
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| 1. Are office spaces neat and orderly, with no tripping hazards present?
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| 1. Is there appropriate lighting for work tasks?
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| 1. Are windows covered by a means of controlling light?
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| 1. Are noise levels safe or hearing protection provided as required?
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| 1. Is there adequate heating and cooling?
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| 1. Is air flow and ventilation appropriate for work tasks?
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| 1. Are electrical plugs, sockets and switches in good condition?
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| 1. Do electrical control panels have clear access (1 meter clearance)?
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| 1. Are bookshelves secured to wall?
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| 1. Are spaces free of heavy items placed up high and at risk of falling on workers?
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| 1. Do workers have easy access to emergency contact numbers / procedures?
 |  |  |  |
| 1. Is the area free of obstructions that would prevent workers from quickly leaving the space during an emergency?
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| 1. Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.?
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| 1. Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation?
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| 1. Do new staff receive workplace and task-specific orientations and are records kept?
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| **Additional Comments** |
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