# **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? |  |  |  |
| 1. Are office spaces neat and orderly, with no tripping hazards present? |  |  |  |
| 1. Is there appropriate lighting for work tasks? |  |  |  |
| 1. Are windows covered by a means of controlling light? |  |  |  |
| 1. Are noise levels safe or hearing protection provided as required? |  |  |  |
| 1. Is there adequate heating and cooling? |  |  |  |
| 1. Is air flow and ventilation appropriate for work tasks? |  |  |  |
| 1. Are electrical plugs, sockets and switches in good condition? |  |  |  |
| 1. Do electrical control panels have clear access (1 meter clearance)? |  |  |  |
| 1. Are bookshelves secured to wall? |  |  |  |
| 1. Are spaces free of heavy items placed up high and at risk of falling on workers? |  |  |  |
| 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? |  |  |  |
| 1. Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? |  |  |  |
| 1. Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? |  |  |  |
| 1. Do new staff receive workplace and task-specific orientations and are records kept? |  |  |  |
| **Additional Comments** | | | |
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