# **MTRL Semi-Annual Workshop Inspection**

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| **Building name and Room Number:** |  |
| **Workshop Manager / Supervisor:** |  |
| **Name(s) of Inspector(s):** |  |
| **Date:** |  |

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| **General** | **Y** | **N** | **N/A** |
| 1. Are workspaces neat, orderly and free of slipping and tripping hazards? |  |  |  |
| 1. Is there appropriate lighting for work tasks? |  |  |  |
| 1. Are noise levels safe such that hearing protection is sometimes required? |  |  |  |
| 1. Is all required PPE maintained in good working order and available to all workers? |  |  |  |
| 1. Are workers trained in correct PPE use and limitations? |  |  |  |
| 1. Is PPE used consistently and correctly? |  |  |  |
| 1. Is PPE inspected, fit tested (if applicable) and replaced on schedule? |  |  |  |
| 1. Is there adequate heating and cooling? |  |  |  |
| 1. Is air flow and ventilation (including dust removal) appropriate for work tasks? |  |  |  |
| 1. Are electrical plugs, sockets and switches in good condition? |  |  |  |
| 1. Do electrical control boxes have clear access? |  |  |  |
| 1. Are circuit breakers and starter switches clearly marked? |  |  |  |
| 1. Is piping for gas, compressed air, etc. clearly labelled? |  |  |  |
| 1. Are compressed gases and other hazardous materials safely and properly stored/secured? |  |  |  |
| 1. Are emergency contact numbers and procedures (including First Aid) prominently posted? |  |  |  |
| 1. Are illuminated emergency exit signs visible and functional? |  |  |  |
| 1. Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? |  |  |  |
| 1. Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional? |  |  |  |
| 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? |  |  |  |
| **Shop Tools and Equipment** | **Y** | **N** | **N/A** |
| 1. Are machine and equipment operator’s manuals available to workers? |  |  |  |
| 1. Are lockout procedures posted and followed? |  |  |  |
| 1. Is the maintenance log up-to-date? |  |  |  |
| 1. Is the inspection log up-to-date? |  |  |  |
| 1. Are warning signage for physical hazards created by equipment and processes posted, clearly visible and legible? |  |  |  |
| 1. Are hazardous points of operation adequately guarded? |  |  |  |
| 1. Are safeguards in place, in good condition, and cannot be easily removed by workers? |  |  |  |
| 1. Is equipment positioned to avoid endangering other workers? |  |  |  |
| 1. Are workers protected from materials ejected from tools or equipment? |  |  |  |
| 1. Are equipment controls clearly labelled and within easy reach, but protected from inadvertent activation? |  |  |  |
| 1. Are defective tools and equipment tagged and removed from service? |  |  |  |
| 1. Are tools used for their designed purposes only? |  |  |  |
| **Additional Comments** | | | |
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