

Date: _____

Inspector(s): _____

Job Title: _____

Chair: _____

Signature: _____



THOMPSON RIVERS UNIVERSITY

LECTURE ROOM INSPECTION CHECKLIST

Note: Not all sections will be applicable to all locations and the list is not exhaustive. Specialized workplaces are encouraged to add their own items. **Answering 'no' to any of the following questions indicates a need for corrective action to be taken.**

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	PERSON RESPONSIBLE FOR ACTION	DATE ACTION COMPLETED
1.	GENERAL					
1.	Is emergency information and procedures displayed?					
2.	Is ventilation adequate?					
3.	Is temperature adequate?					
4.	Is furniture and equipment in good condition?					
5.	Are fire exits free from obstruction?					
6.	Are blinds / curtains fully functional and in good condition?					
7.	Are refuse containers provided and emptied regularly?					
8.	Is material stored and stacked safely?					
9.	Are room occupancy limits followed?					
10.	Do all lights have covers?					

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	PERSON RESPONSIBLE FOR ACTION	DATE ACTION COMPLETED
11.	Are all ceiling tiles in place and in good condition? (free from water/dirt/ rust stains)					
12.	Is the flooring is in good condition?					
13.	No excessive storage of combustible materials? (paper, wood etc)					
14.	Wall mounted cabinets, stand – alone bookcases, and wall mounted shelves are secured to prevent falling over?					
15.	Cords and plugs are in good condition?					