Date:	Inspector(s):	Job Title:	Chair:	
	Signature:			



## THOMPSON RIVERS UNIVERSITY

## REGISTRAR'S OFFICE SAFETY INSPECTION

Note: This sheet should be used along with the fire safety checklist. This list is not exhaustive. Specialized workplaces are encouraged to add their own items. The space at the bottom is available for this purpose.

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)	ACTION TYPE	DATE ACTION COMPLETED
1.	GENERAL					
1.	Are employees aware of emergency procedures, telephone numbers and evacuation routes?					
2.	Are ergonomic issues being addressed for people using computers? (If no, refer to the Ergonomic section on the OH&S webpage).					
3.	Is lighting adequate?					
4.	Is ventilation adequate?					
5.	Is temperature adequate?					
6.	Do noise levels appear comfortable?					
7.	Is working space adequate?					
8.	Is carpeting in good condition and not badly worn or torn?					
9.	Does the office arrangement allow for easy exit under emergency conditions?					

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	ACTION TYPE	DATE ACTION COMPLETED
10.	Are items on shelves not crowded, piled too high, or protruding over the edge?					
11.	Are aisles clear and not obstructed?					
12.	Are drawers kept closed except when in use?					
13.	Are fire extinguishers available, accessible and inspected annually?					
14.	Is the office kept clear of trash and are recycle bins removed promptly?					
15.	Are wall mounted cabinets, stand –alone bookcases, and wall mounted shelves secured to building surfaces to prevent their falling over?					
16.	Is weight distributed in file cabinets so that upper drawer contents do not create a topheavy condition?					
17.	Are ceiling tiles free from water, rust stains, and excessive dirt?					
18.	Extension cords are NOT being used as a permanent remedy due to a lack of electrical outlets and are NOT damaged.					
19.	Cords and plugs are in good condition?					
20.	Are chemical products used in the office being purchased in small quantities, and are MSDS needed and available?					
21.	Are heavy items stored low to prevent injury when using them and is a step stool available for retrieval of high items?					
22.	Multiple power bars are NOT linked together.					
23.	Is the kitchen/amenities area kept clean and in good repair?					

		YES	NO	COMMENTS (Include Room # and Recommended Corrective Action if Issue Present)	ACTION TYPE	DATE ACTION COMPLETED
24.	Is drinking water available?					
25.						
26.						

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