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|  | Workplace Inspection Checklist for Offices | logo_NHSGG&C_ 2_colour |

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| Site/Hospital: | | |  | | |
| Department: | |  | | | |
| Date: |  | | | Time: |  |

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|  | **Yes/No/Not Applicable** | **Comment/Further Action** |
| **Building Fabric** |  |  |
| Are walls, floors and ceilings in sound condition? |  |  |
| Are doors and windows maintained in good condition e.g. no drafts |  |  |
| If designed to be opened, can windows be opened safely? |  |  |
| Windows in patient areas – should not open more than 100mm? |  |  |
| Is access and egress adequate, including evacuation? |  |  |
| Has any Refurbishment/ Estates work been undertaken recently? |  |  |
| **Ventilation** |  |  |
| Is ventilation adequate? |  |  |
| Are ventilation or air conditioning units maintained? |  |  |
| **Heating** |  |  |
| Are heating units operational, sufficient and maintained? |  |  |
| If required, are heat sources adequately guarded? |  |  |

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| **Temperature** |  |  |
| Does the temperature and humidity allow for a comfortable working environment? |  |  |
| **Lighting** |  |  |
| Is lighting (both internal & external) suitable for the department’s activities and enable safe movement? |  |  |
| **Electrical** |  |  |
| Are sockets overloaded? |  |  |
| Are there damaged plugs, sockets or exposed wires? |  |  |
| Are alarm systems adequately maintained? |  |  |
| Arrangements in place for checking of portable electrical equipment? |  |  |
| Are there trailing electrical cables? |  |  |
| Are staff personal electrical equipment checked before use? |  |  |
| Are appliances (including kettles, toasters etc) adequately maintained and free from defects? |  |  |
| **Equipment** |  |  |
| Are furniture & fittings adequate and in good condition? |  |  |
| Are there suitable arrangements for the maintenance of equipment? |  |  |
| Are there suitable arrangements for the removal from use of equipment that is defective, faulty or requires repair? |  |  |
| Are drawers kept closed whenever possible? |  |  |
| Are staff aware of possible instability of filing cabinets? |  |  |
| **Room dimensions, workstations and space** |  |  |
| Are workstations suitable e.g. size, layout for the tasks and activities being undertaken? |  |  |
| If required, is suitable seating provided? |  |  |
| Is there adequate space for the safe storage of equipment and supplies? |  |  |
| Is shelving adequate and secure? |  |  |
| Can items be accessed without excessive stretching? |  |  |
| If used, are ladders, steps, kicksteps etc, suitable for task? |  |  |
| **Cleanliness and waste** |  |  |
| Are cleaning regimes adequate for the activities of your department? |  |  |
| Are surfaces in sound condition to allow for cleaning? |  |  |
| Is waste correctly disposed of i.e. clinical, domestic, special waste? |  |  |
| **Floors and traffic routes** |  |  |
| Is floor damaged or uneven? |  |  |
| Are there suitable procedures for dealing with spills, leaks, inclement weather etc? |  |  |
| Do trailing cables or leads pose a significant trip risk? |  |  |
| Are doorways, corridors and other traffic routes free from obstruction? |  |  |
| **Sanitary Conveniences and washing facilities** |  |  |
| Are toileting and washing facilities adequate? |  |  |
| Is drinking water easily accessible and of sufficient quality? |  |  |
| Do staff have secure storage for personal belongings? |  |  |
| **Emergency procedures** |  |  |
| Are staff aware of emergency procedures, including evacuation plans? |  |  |
| Is emergency lighting and signage adequate? |  |  |
| Are emergency telephone numbers displayed or readily available? |  |  |
| **Environmental Issues** |  |  |
| Are doors or windows left open while heating/air conditioning is on? |  |  |
| Are heating units blocked by boxes and furniture restricting air circulation? |  |  |
| Are light switches clearly labelled, and are lights switched off when not needed? |  |  |
| Is electrical equipment generally switched off rather than left on or on standby when not needed? |  |  |
| Are any dripping taps or other leakage visible? |  |  |
| **Other Issues** |  |  |
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| **Checklist completed by: Sign** |  | | **Print:** |  |
| **Counter signed by Dept. Manager:** | |  | **Date:** |  |