

**MUNICIPAL ADMINISTRATION SAFETY AUDIT/SURVEY TOOL**  
**Injury prevention during administrative and office operations**

**Instructions:** This is a scored pro-active safety auditing tool designed for periodic use to reduce high risk behaviors and increase safe behaviors. “Yes” answers should be scored at (1) and “No” answers should be scored at (0). In the corrective action column, either a time frame for completing the correction or the actual date corrective action was completed should be noted. Check the “NA” column if this item is not applicable. Total and track audit scores over time to track up or down trends along with tracking the number of incidents, accidents and injuries sustained.

Office work can lead to repetitive motion injuries and stress if employees do not consider wellness in their work practices. It is important to take mini-breaks with stretches and exercises to help relaxation, scheduled breaks and get away from the work station at lunch. Employee morale is important with this work area, which can be high pressure and lead to disgruntled workers. Supervisors should assure that workers feel cared for, communications are open, and employees realize they are an important asset to the municipality they work for – in short, work place wellness and a culture of engaged caring and communication is the key to loss control in this area.

Task/Job Part – Proper Training & Records	Yes	No	Corrective action date	NA
All training completed with passing scores in a timely manner				
New employee safety orientation completed				
New employee job-specific safety training completed				
Employee job-specific refresher safety training completed				
All training records current and complete				
Workers receive workplace wellness and office ergonomics training				
Employees receive defensive driving training <ul style="list-style-type: none"> <li>✓ Mandatory seat belt use with employee accountability and discipline</li> <li>✓ Safe cell phone use while driving, with headsets, while stopped, etc.</li> </ul>				
Other				

Task/Job Part – Human Resources	Yes	No	Corrective action date	NA
Personnel policies applied in a consistent manner				
Fairness – all employees treated the same				
Progressive discipline in place with emphasis on worker integrity and accountability				
Sexual Harassment Prevention Training				
Other				

Task/Job Part – Proper Lifting Technique	Yes	No	Corrective action date	NA
Proper position				
2 or more workers if load is more than 50# (50# or less per person)				
No lift above waist level				
Assistive lifting devices properly used				
Other				

Task/Job Part – Work Practices in an Office Setting	Yes	No	Corrective action date	NA
Employees and supervisors have clear, open communication <ul style="list-style-type: none"> <li>✓ Employees know roles and expectations</li> <li>✓ Employees are cared about and know they are a valuable municipal asset</li> <li>✓ Employees are accountable for safe work habits, work place wellness</li> </ul>				
Workplace wellness <ul style="list-style-type: none"> <li>✓ Employees are encouraged to walk or exercise on breaks</li> <li>✓ Employees are required to break at least ½ hour for lunch</li> <li>✓ Employees are encouraged to take mini-breaks every 20 minutes for brief stretches and relaxation exercises (see attached sheets)</li> </ul>				
Periodically, workstation ergonomics and work practices are reviewed <ul style="list-style-type: none"> <li>✓ Headset use with cell phones while keyboarding or taking notes</li> <li>✓ Proper workstation configuration</li> </ul>				
Buildings and work areas are secure from dangerous intruders or other emergencies <ul style="list-style-type: none"> <li>✓ Workers have been trained in workplace violence de-escalation techniques</li> <li>✓ Parking areas and building egresses are secure</li> <li>✓ Work areas are equipped with sprinklers, fire extinguishers and smoke alarms</li> <li>✓ Periodic fire alarm/exit drills</li> <li>✓ Employees trained on disaster preparedness response</li> </ul>				
Other				

Task/Job Part – Proper use of incident reporting forms & logs	Yes	No	Corrective action date	NA
All worker injuries reported to supervisor and recorded				
All worker accidents involving property, chemicals reported and recorded				
A workers compensation claim was filed if a) an injury involved lost time, b) medical care with costs, or c) the worker requested a claim be filed				

Task/Job Part –	Yes	No	Corrective action date	NA

**TOTAL SCORE**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_