**PLANNED INSPECTION**

N/O – Not Observed

1 –Unacceptable

2 – Substantial

3 – Moderate

4 – Marginal

5 – Trivial

✓ - Acceptable Condition

Risk Rating- Use your method, for example:

Your logo here

**CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **DEPARTMENT INSPECTED (circle one)**
 | **01 OFFICE** | **02 MAIN SHOP** | **03 WAREHOUSE** | **04 SHIPPING** |
| **05 DEPARTMENT** | **06 DEPARTMENT** | **07 DEPARTMENT** | **08 DEPARTMENT** |
|  |  |  |  |  |
| 1. **INSPECTION DATE**
 |  | 1. **INSPECTOR(S) NAME(S)**
 |  |
|  |  |  |  |  |
| 1. **INSPECTION COMPLETED BY:**
 |  |  |  |
|  |  |  |  |  |
| **Area Descriptions** | **Risk****Rating** | **Comments** | **Action By/ W.O. # Issued** | **Follow Up Complete** |
| 1. ***PEOPLE***
 |  |  |  |  |
| 1. Are safe work procedures being followed?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Is training provided for each person newly assigned to a job?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Does initial training include a review of job hazards?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Are workers knowledgeable in their 3 rights?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***GENERAL WORK AREAS***
 |  |  |  |  |
| 1. Counters/work surfaces (stable, good condition)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Floors (clean, no tripping hazards)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Aisles & passageways (clear)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Scaffolding (properly erected & tagged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Ladders (secured, not damaged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Electrical cords (not damaged, not tripping hazard, extension cords used for temporary purpose only)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Stairs (clean, handrail secure)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Exits/egress (clean, unblocked, signs lit)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Parking lots/roadways (clear, traffic signs in place, safe to travel, adequate lighting)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***FACILITIES***
 |  |  |  |  |
| 1. Ventilation (adequate, operational)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Lighting (adequate, clean, undamaged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Noise exposure (hearing protection worn in designated areas)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Ergonomics (could area be changed for work ease)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Security doors (closed, locked)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Electrical panels (clear of obstruction)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***MATERIALS***
 |  |  |  |  |
| 1. Stacking & storage (piles stable, racks undamaged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Chemicals & fuels (stored in proper containers or cabinets)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Compressed gases (secured, segregated, upright)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Waste disposal (waste removed on a regular basis, no overflow allowed)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***EQUIPMENT***
 |  |  |  |  |
| 1. Hand & portable tools (cords checked, undamaged, sharp)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Machine tools & guarding (all guards in place, undamaged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Have all trucks, forklifts and other equipment been inspected and maintained?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Are equipment and batteries stored safely?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***HAZARD CONTROLS***
 |  |  |  |  |
| 1. Are hot work procedures followed?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Are confined space procedures followed?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Are lock out requirements being followed?
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Signs & Tags (in place, undamaged)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. WHMIS (all hazardous chemicals, properly labeled, all staff properly trained)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. SDS (readily available, up-to-date)
 |  |  |  | 🞏 Yes 🞏 No |

*See Reverse Side for Additional Information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area Descriptions** | **Risk****Rating** | **Comments** | **Action By/ W.O. # Issued** | **Follow Up Complete** |
| 1. ***EMERGENCY SYSTEMS***
 |  |  |  |  |
| 1. Emergency instructions (all staff aware of emergency procedures, evacuation plans posted)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Fire protection (hoses undamaged, fire extinguishers full and secured, inspected monthly, recertified in last 12 months, accessible)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Fire alarm & pull boxes (undamaged, accessible)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Emergency lighting (operational)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Spill kit (available, fully stocked)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Eye wash & showers (undamaged, operational, not expired)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. First aid kit (stocked, clean, accessible, names of first aiders posted)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. AED (indicates okay, battery and pads not expired, accessories available)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***PROTECTIVE EQUIPMENT AVAILABILITY, CONDITION, COMPLIANCE***
 |  |  |  |  |
| 1. Eye protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Ear protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Respiratory protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Head protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Hand protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Foot protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Body protection (high visibility vests/clothing)
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Fall protection
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Other
 |  |  |  | 🞏 Yes 🞏 No |
| 1. ***SAFE POSITION OF WORKABLES***
 |  |  |  |  |
| **Is there potential for workers to:** |  |  |  | 🞏 Yes 🞏 No |
| 1. Strike against equipment
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Be struck by equipment
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Be caught in/between equipment
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Fall to same/different level
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Work in extreme temperatures
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Contact electric current
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Inhale/absorb harmful substances
 |  |  |  | 🞏 Yes 🞏 No |
| 1. Overexert
 |  |  |  | 🞏 Yes 🞏 No |
| **ITEMS REQUIRING FOLLOW UP (List in Priority)** |
| **Description** | **By Whom** | **Completion Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **COPIES TO (circle as appropriate)** | **Safety Department** | **OHC** | **Facilities** | **Other:** |

|  |  |
| --- | --- |
| **Management review and comments:** | **Name, Signature, Date:** |
|  |  |