**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** | | |
|  | | | | |  | | |  | | |
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|  | | | | |  | | |  | | |
| **COPIES TO (circle as appropriate)** | **Safety Department** | | | **OHC** | | **Facilities** | | | **Other:** | |

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