

WORKPLACE INSPECTION RECORDING FORM

INSPECTION LOCATION(S): _____

TIME OF INSPECTION & DATE OF INSPECTION: _____

DEPARTMENTS/AREAS COVERED: _____

ITEM (Location of Item)	Comments	REPEAT ITEM YES / NO	ITEM (Location of Item)	Comments	REPEAT ITEM YES / NO
Copy of monthly inspections yes <input type="checkbox"/> no <input type="checkbox"/>			Floor plan <input type="checkbox"/>		
First aid kit (inspected) yes <input type="checkbox"/> no <input type="checkbox"/>			Fire plan (up-to-date) <input type="checkbox"/>		
M(SDS) binder (up to date) yes <input type="checkbox"/> no <input type="checkbox"/>			Emergency preparedness plan <input type="checkbox"/>		
Stretcher/backboard yes <input type="checkbox"/> no <input type="checkbox"/>			Asbestos management program <input type="checkbox"/> N/A <input type="checkbox"/>		
H&S bulletin board (contents)			Fire drill (3 fall/3 spring) <input type="checkbox"/>		
H&S Policy <input type="checkbox"/>			Defibrillator (tag initialed) <input type="checkbox"/>		
Members of JH&SC committee <input type="checkbox"/>			Custodial log book (electronic)		
List of school h and s site reps <input type="checkbox"/>			Fire extinguishers (monthly) <input type="checkbox"/>		
Minutes of last JHSC meeting <input type="checkbox"/>			Flushing water system <input type="checkbox"/>		
Form 82 (1,2,3,4,) Poster <input type="checkbox"/>			Generator (if applicable) <input type="checkbox"/>		
Critical Injury Reporting Procedure <input type="checkbox"/>			Hydro inspection (annual) <input type="checkbox"/>		
OHS Act poster-What's in it for you? <input type="checkbox"/>			Lockout/tagout kit (custodian) <input type="checkbox"/>		
WHMIS/GHS symbols <input type="checkbox"/>			Play structures <input type="checkbox"/> N/A <input type="checkbox"/>		
Consumer symbols <input type="checkbox"/>			Sanding/salting <input type="checkbox"/> N/A <input type="checkbox"/>		
W V & Harassment Procedure <input type="checkbox"/>			Sprinklers <input type="checkbox"/> N/A <input type="checkbox"/>		
OHS Act (green book) <input type="checkbox"/>			Outstanding work orders yes <input type="checkbox"/> If yes, attach list no <input type="checkbox"/>		
Health & Safety at Work Poster <input type="checkbox"/>			Valid First Aiders yes <input type="checkbox"/> certificates posted no <input type="checkbox"/>		
Whmis pocket guide <input type="checkbox"/>			Emergency evacuation kit <input type="checkbox"/>		
Lockdown (1 fall /1 spring) <input type="checkbox"/>			visual ok inspection (tag) <input type="checkbox"/>		

SITE MANAGER: _____
(signature required)

SITE REPRESENTATIVE: _____

INSPECTED BY: _____

HAZARD CLASSES

- * **A MAJOR HAZARD (fatal or critical injury - places life in jeopardy; produces unconsciousness; results in a substantial loss of blood; involves the fracture of a leg or arm, but not a finger or toe; involves the amputation of a leg, arm, hand or foot, but not a finger or toe; consists of burns to a major portion of the body; or causes the loss of sight in an eye)**
 - a) no guard on powered machinery to prevent access to internal moving parts.
 - b) failure to lockout electrical equipment when performing maintenance service work.
 - c) clearing a paper jam in a shredder when shredder is plugged in
- B MODERATE HAZARD (serious injury or illness that results in temporary disability)**
 - a) slippery conditions
 - b) unusually high noise levels
 - c) a broken tread at the bottom of the stairs or loose banister
- C MINOR HAZARD (minor injury)**
 - a) clutter in an aisle
 - b) burnt light in the receiving area
 - c) carpenter observed handling rough lumber without gloves

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Room # (Location of Item)	HAZARD(S) OBSERVED (indicate if item is complete or out of date or not available)	*HAZARD CLASS A, B, C	REPEAT ITEM YES / NO	RECOMMENDED ACTION	ACTION TAKEN (e.g w/o number, meeting with staff)	DATE (e.g w/o submitted, date of meeting)

SITE MANAGER: _____
(signature required)

SITE REPRESENTATIVE: _____

COPIES TO: (FOR ACTION)
 Health and Safety Site Rep.
 Facility/Site Manager
 Health and Safety Co-ordinator

INSPECTED BY: _____

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 Health and Safety Site Rep.
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 Rev. June 2018

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