## **WORKPLACE INSPECTION CHECKLIST**

| Location: | Inspection Date: |
| --- | --- |
| Inspected by: | Time: |

| **Description** | **S - Satisfactory** | **N - Not Satisfactory** | **N/A** | **Hazard Class** | **Corrective Action Required** | **By Whom?** | **Date Action Completed** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| General | | | | | | | |
| Walkways, corridors, hallways and stairs are clear and unobstructed |  |  |  |  |  |  |  |
| Walking surfaces free of tripping, slipping and falling hazards |  |  |  |  |  |  |  |
| Lighting levels are suitable, light covers/shades secured |  |  |  |  |  |  |  |
| Shelving is securely braced; the material is neatly stacked and will not fall or tip; no overreaching will occur |  |  |  |  |  |  |  |
| Items stored on shelving, heavier materials are placed on the lower sections of the shelving unit |  |  |  |  |  |  |  |
| The office environment is tidy and free of clutter, with no flammable or combustible hazards |  |  |  |  |  |  |  |
| Furniture intact and in a safe condition. Desks, counters, filing cabinets – no sharp edges or projecting that is unsafe |  |  |  |  |  |  |  |
| Parking lot clear of debris, sidewalks and walking surfaces in good repair |  |  |  |  |  |  |  |
| WHMIS | | | | | | | |
| SDS are available, easily accessible and up to date |  |  |  |  |  |  |  |
| Workplace Labelling is used |  |  |  |  |  |  |  |
| Emergency Preparedness/Fire Safety | | | | | | | |
| Exit routes clearly marked and unobstructed |  |  |  |  |  |  |  |
| Aisles are clear and unobstructed |  |  |  |  |  |  |  |
| Exit lights are operational and clearly visible on exit routes |  |  |  |  |  |  |  |
| Fire extinguisher(s) tagged, inspected (i.e. monthly), and easily accessible |  |  |  |  |  |  |  |
| First Aid Kit available and names posted of those certified in Standard First Aid |  |  |  |  |  |  |  |
| First Aid log sheets available |  |  |  |  |  |  |  |
| WSIB First Aid Regulation (1101) |  |  |  |  |  |  |  |
| Emergency evacuation/fire plan is posted on exit routes |  |  |  |  |  |  |  |
| Posted Information (as per section 13.1) | | | | | | | |
| Health and Safety Policy |  |  |  |  |  |  |  |
| Workplace Violence Policy |  |  |  |  |  |  |  |
| Occupational Health and Safety Act and Regulations (Current) |  |  |  |  |  |  |  |
| ESA “Employment Standards in Ontario” poster |  |  |  |  |  |  |  |
| WSIB Form 82 “In Case of Injury” poster |  |  |  |  |  |  |  |
| Ministry of Labour explanatory material – Guide to OHSA, Guide to WHMIS, Guide to Worker Safety Rep, “Prevention Starts Here” poster |  |  |  |  |  |  |  |
| Reports – Meeting minutes, Ministry of Labour, Injury/Incident summary, Workplace inspections |  |  |  |  |  |  |  |
| Emergency Services and numbers and directions to the hospital |  |  |  |  |  |  |  |
| Emergency Response Plan |  |  |  |  |  |  |  |
| Name and contact information of Worker safety Rep |  |  |  |  |  |  |  |
| Electrical Safety | | | | | | | |
| Electrical equipment, power cords/plugs, no evidence of cuts, fraying or other damage |  |  |  |  |  |  |  |
| Limited extension cords, with no frays/cuts |  |  |  |  |  |  |  |
| Electrical outlets light switches are safe |  |  |  |  |  |  |  |
| Ergonomics | | | | | | | |
| Computer monitor positioned properly |  |  |  |  |  |  |  |
| Adjustable keyboard tray/document holder |  |  |  |  |  |  |  |
| The chair is adjusted to fit the worker at the computer |  |  |  |  |  |  |  |
| Material stored in cabinets/counters are in place to avoid overreaching |  |  |  |  |  |  |  |
| Manual handling techniques are practiced (e.g., dolly/cart used, reducing the load when lifting) |  |  |  |  |  |  |  |
| Office equipment/tools used frequently are within range to avoid overreaching |  |  |  |  |  |  |  |

### **HAZARD CLASSES**

A – Major (High Risk – immediate danger to life and health) STOP WORK OR CONTROL HAZARD IMMEDIATELY

B – Moderate (Medium Risk – potential for non-life-threatening injury) C – Minor (Low Risk – long term potential for slight injury or illness)

Worker Contact 1: Observations/Comments:

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Worker Contact 2: Observations/Comments:

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Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager Comments/Recommendations:

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