COMMUNITY COUNCIL

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INSPECTION |
| First Aid Supplies and Phone List Tools and Equipment/Lockout SystemSpill Kit HousekeepingPersonal Protective Equipment (PPE) Use Utilities (Locate/Marked)Safety Equipment and PPE Condition Evacuation SafetyFire Extinguisher Traffic SignageSafe Work Plan/Hazard Assessments Safe Practices and Procedures FollowedCorrections: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| TRUCK/EQUIPMENT INSEPECTION |
|  Oil/Fluid/Grease Lights General Cleanliness Reverse Alarm (if needed) TiresComments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Corrections (who, what, when): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspectors Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY COUNCIL
Work Site Safety Inspection Checklist**

|  |
| --- |
|  □ Weekly □ Monthly □ Quarterly |
| Department | Worker In Charge | Immediate Supervisor | Date Inspected  | Time □ a.m. □ p.m. |
| Location | Contractor | Type of Operation | Crew Size |
| Inspected By:  |

**Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Acceptable 5. Not Applicable (N/A)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority | Inspected Items | Priority | Inspected Items | Priority | Inspected Items |
|  | Hazard Assessment Procedure |  | Fire Extinguishers |  | Confined Space Entry |
|  | Code of Practice/Procedures |  | Smoking in Restricted Areas |  | Fall Protection |
|  | Protection of Public |  | First Aid Kits/First Aid |  | Safety Promotion/Education |
|  | Excavation Procedures |  | Lockouts/Energy Control |  | Vehicle/Equip. Operator Cert. |
|  | Workplace Safety and Health Legislation |  | Handling of Pipe |  | Vehicle/Equipment Condition  |
|  | Traffic Control, Flashers, Barricades |  | Improper lifting, Manual/Mechanical |  | Air Receivers and Compressors |
|  | Hard Hat, Safety Footwear |  | Cables, Ropes and Chains |  | Circle Check |
|  | Other personal protective equipment (high visibility clothing, eye protection, etc.) |  | Tools – Use, Storage and Maintenance |  | Gas Cylinders, Hoses and Regulators |
|  | Fire Retardant Coveralls |  | Electrical Wiring and Guards |  | Transportation of Dangerous Goods |
|  | Non-Synthetic Clothing |  | Material Storage and Handling |  | Log Books |
|  | Grounding/Bonding Device |  | Waste Disposal/ Housekeeping |  | WHMIS |

**Corrective Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| Priority # | Description |  Corrective ActionBy Whom | Date/Time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature of Worker in Charge | Date: |
| Comments: |

Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** |  | **Date** |  |
| **Name of Inspector** |  | **No. of Employees Present** |  |
| **S = Satisfactory** | **NS = Not Satisfactory** | **NA = Not Applicable** |
| Item Inspected | S | NS | NA | Requires Immediate Action |
| 1. **Site Access**Clean, level groundAdequate rampsAdequate stairsAdequate laddersOther
 | □□□□□ | □□□□□ | □□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Housekeeping**Clear walkways

Clear work areasClear access and landingOther  | □□□□ | □□□□ | □□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Personal Protective Equipment**HeadFootEyeHearingRespiratoryWelding equipment
 | □□□□□□ | □□□□□□ | □□□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Ladders**SecuredProper angleProper size and typeSafe, usable conditionProperly usedNon-slip basesOther
 | □□□□□□□ | □□□□□□□ | □□□□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Power Tools, Equipment**General conditionProper guards, cordsTagged if DEFECTIVEOther
 | □□□□ | □□□□ | □□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Gas Cylinders**Properly locatedProperly securedProperly moved, liftedProperly hooked up
 | □□□□ | □□□□ | □□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Item Inspected** | **S** | **NS** | **NA** | **Requires Immediate Action** |
| 1. **Material Storage**Properly locatedSafely piled, stacked, bundledProperly moved, liftedProperly labeled (WHMIS)Other
 | □□□□□ | □□□□□ | □□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Signs and Print Material**

Workplace Safety and Health Act and regulationsSafety data sheets – current within three yearsWarning signsEmergency phone listReport forms | □□□□□ | □□□□□ | □□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Worker Education**

WHMIS trainingSafety policyInjury reportingHazard reporting | □□□□ | □□□□ | □□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **First Aid Requirement**First aiders on siteFirst aid kits
 | □□ | □□ | □□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Fire Protection**Emergency planMuster pointFire extinguishers
 | □□□ | □□□ | □□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Crain Hoist, Hoist**Safe set upMaintenance log, if required

Condition of slings, hardwareSafety catches on hooksOther | □□□□□ | □□□□□ | □□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Welding**Rods/cylinders labeled

Safety data sheet availableProperly secured ground cablesProper eye protection wornProper screens/exhaustGas cylinders upright/securedFire extinguisher available  | □□□□□□□ | □□□□□□□ | □□□□□□□ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Office Inspection Checklist**

*To be completed on the 1st of every month*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspection Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| General | Ok | Corrective Action Required | Comments/ Date Complete |
| Are broken chairs, desks, bookshelves and other furniture removed from the office? |  |  |  |
| Is housekeeping at the time of inspection adequate? No slip, trip or fall hazards present. |  |  |  |
| Are floors and aisles clear of materials and equipment? |  |  |  |
| Are materials appropriately stored in the storage room? |  |  |  |
| Is the storage room neat and tidy? |  |  |  |
| Is the kitchen area clean and free of clutter? |  |  |  |
| Is lighting adequate and in working order? |  |  |  |
| Are washrooms in good working order? |  |  |  |
| Are outside sidewalks and parking lots in safe condition? |  |  |  |
| Fire Prevention, Emergency Exits and First Aid | Ok | Corrective Action Required | Comments/ Date Complete |
| Have the fire extinguishers been inspected within the past 12 months? |  |  |  |
| Are the fire extinguishers accessible (not blocked or obstructed)? |  |  |  |
| Are the exit doors clear of obstructions? |  |  |  |
| Are the exit doors in good working condition? |  |  |  |
| Are the exits properly marked, exit signs illuminated? |  |  |  |
| Are overhead sprinkler/detectors clear of obstructions? |  |  |  |
| Is all excess paper removed? |  |  |  |
| Do the first aid kits have adequate supplies? |  |  |  |
| Is the alarm in good working order? |  |  |  |
| Last annual drill date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | Must be within the last year |
| Electrical | Ok | Corrective Action Required | Comments/ Date Complete |
| Are there any broken plugs, sockets or switches? |  |  |  |
| Are there frayed or damaged cords? |  |  |  |
| Are outlets overloaded?  |  |  |  |
| Are extension cords attached together (not allowed)? |  |  |  |
| Personal lamp, fans, space heaters in good condition? |  |  |  |

Please inform supervisor of any improvements or changes that need to be made. Prior to completing the office inspection, review the prior months inspections to ensure all action items have been corrected.

When problem is rectified, please place a comment and the date in the comment section.

**Shop Safety Inspection Form**

*To be completed on the 1st of every month*

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

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All actions must be addressed within a reasonable time frame.*

**Areas of Inspection Comments**

***Equipment: Comments/Action/Date***

|  |  |
| --- | --- |
| **Guards** on mechanical equipment  |  |
| Proper **Personal Protective Equipment** worn (gloves, goggles, ear plugs, etc.)  |  |
| **Ladders** in good condition  |  |
| **Tools** in good condition  |  |
| **Eyewash** stations function properly, tested weekly, unobstructed  |  |
| **Safety showers** function properly, tested monthly, unobstructed  |  |
| **Compressed gas** cylinders secured properly  |  |

***Electrical and Fire:***

|  |  |
| --- | --- |
| **Power cords** (three-prong, good condition, commercial grade only)  |  |
| **Power strips** with circuit breaker, no household extension cords  |  |
| **Electrical panels** unobstructed  |  |
| **18" clearance** from fire sprinkler heads  |  |
| Nothing hanging from **sprinkler** heads, **pipes** or **smoke detectors**  |  |
| **24" clearance** from ceiling  |  |
| **Alarm pull-stations and fire extinguishers** clearly identified and unobstructed  |  |
| **Fire extinguishers** (tamper seals in place, tags show inspection <1 year old, 3’ clearance)  |  |

***Environment:***

|  |  |
| --- | --- |
| Work area adequately **illuminated**  |  |
| **Temperature** within normal limits  |  |
| **Noise levels** within normal limits  |  |
| **Ventilation** (adequate, free from dust and fumes, vent grills clean)  |  |
| No signs of **water leaks** in ceiling tiles, floor or other areas  |  |

***General:***

|  |  |
| --- | --- |
| **Non-smoking** policy in effect  |  |
| **Aisles, stairwells and exits** unobstructed  |  |
| **Emergency and exit lights** functioning  |  |
| **Evacuation maps** posted  |  |
| **Emergency phone** numbers posted where they can be readily found  |  |
| **Floor** in good condition (no frayed carpet, loose tiles, slippery areas, etc.)  |  |
| No obvious **slip, trip or fall** hazards  |  |
| **Spills** cleaned up and reported immediately  |  |
| **First aid kit** available and adequately stocked  |  |
| **Recycling and trash bins** orderly and emptied regularly  |  |
| **Custodial closets:** chemical containers labeled with chemical name, per cent, warnings, hazards and manufacturer  |  |
| **Safety data sheets** current, available and understood |  |
| **Combustible** scrap, debris, waste stored safely and promptly removed from work areas  |  |

**Other Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Work Site Inspection Checklist Form

*To be completed on the 1st of every month*

Conducted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All outstanding action items must be addressed within a reasonable time frame.*

**Personal Protective Equipment Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are hard hats, safety glasses and steel toe boots being used? |  |  |  |
| Is hearing protection available for personnel that may be exposed to noise? |  |  |  |
| Is respiratory protection available for personnel and being used where required? |  |  |  |
| Are safety harnesses, lifelines and shock absorbing lanyards available? |  |  |  |
| Are personnel using gloves when handling sharp or rough material? |  |  |  |
| Is additional safety gear required being supplied and used? |  |  |  |

*Comments:*

**Housekeeping: Slips, Trips and Falls Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are walking and working surfaces free of debris? |  |  |  |
| Are waste and trash containers provided and used? |  |  |  |
| Is adequate lighting provided? |  |  |  |
| Is temporary storage of materials and supplies done in an organized manner? |  |  |  |

*Comments:*

**Fire Protection and Prevention Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are all flammable liquid containers clearly identified? |  |  |  |
| Have proper storage practices for flammables been observed? |  |  |  |
| Are extinguishers readily accessible and serviced regularly? |  |  |  |
| Have gas cylinders been chained upright with valve caps securely fastened? |  |  |  |
| Are full and empty cylinders labelled properly? |  |  |  |

*Comments:*

**Worker Compliance/Systems Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are the proper permits in place and filled out correctly? |  |  |  |
| Pre-job safety meeting completed? |  |  |  |
| Do workers understand the job scope? |  |  |  |
| Are safe work practices being followed? |  |  |  |
| Has an emergency plan been put in place and understood? |  |  |  |

*Comments:*

**Tools: Hand and Power Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are tools free of any obvious defects? |  |  |  |
| Are tools inspected for frayed or damaged cords? |  |  |  |
| Are tools and cords properly grounded (ground pins in good condition)? |  |  |  |
| Are the handles on all tools in good condition (not bent, splintered or broken)? |  |  |  |
| Are shields and guards in place and in good condition? |  |  |  |
| Are air hoses tied off (including whip checks)? |  |  |  |
| Are operators qualified and instructed to use tools? |  |  |  |

*Comments:*

**Ladders, Scaffolds and Platforms Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the proper ladder being used for the job? |  |  |  |
| Are the ladders in good condition (no missing or broken rungs)? |  |  |  |
| Are there safety shoes/cleats on the bottom of the ladder? |  |  |  |
| Are non-conductive ladders available for use around live wiring? |  |  |  |
| Are ladders tied off at the top or otherwise secured? |  |  |  |
| Are scaffolds tagged and built by competent workers? |  |  |  |
| Are guardrails and decks in place? |  |  |  |
| Are workers aware not to modify scaffolds? |  |  |  |

*Comments:*

**Electrical Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are lockout devices available/used on circuits that could become energized? |  |  |  |
| Are extension cords continuous without splices? |  |  |  |
| Are GFCI’s being used? |  |  |  |
| Are working surfaces clear of cords (tripping hazard)? |  |  |  |
| Outlets do not appear to be overloaded? |  |  |  |
| Is additional safety gear required being supplied and used? |  |  |  |

*Comments:*

**Other Y N NA**

|  |  |  |  |
| --- | --- | --- | --- |
| Are barriers in place (tape, signs, etc)? |  |  |  |
| Are clearances marked, where required? |  |  |  |
| Are truck and equipment loads properly secured and transported? |  |  |  |
| Are smoking areas clearly defined and followed? |  |  |  |
| Is safety equipment reviewed and checked? |  |  |  |
| Are WHMIS labels in place? |  |  |  |
| Monitoring and supervision of workers in place and organized? |  |  |  |

*Comments:*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Deficiency | Corrective Action | Date Completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***All hazards must be corrected immediately. Community council will be informed of any outstanding hazards and an action plan will be implemented.***