**Workplace Inspection Checklist**

[INSERT ORGANIZATION LOGO HERE]

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| **OCCUPATIONAL HEALTH & SAFETY WORKPLACE INSPECTION CHECKLIST** |
| **Site:** |  |
| **Date of Inspection:** |  |
| **Name of Inspector:** |  |
| **Name of Inspector:** |  |

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| --- | --- | --- |
| **SAFE or N/A** | **NOT SAFE** | **EXTERIOR/OUTDOOR** |
|[ ] [ ]  Entrances/Exits – not blocked |
|[ ] [ ]  Lighting – adequate |
|[ ] [ ]  Sidewalks, Ramps – even surface, uncluttered |
|[ ] [ ]  Steps – non-slip, handrail, good repair, even surface |
|[ ] [ ]  Fences, Gates – good repair |
|[ ] [ ]  Main Building Structure – good repair |
|[ ] [ ]  Tables and Seating – good repair |
|[ ] [ ]  Outdoor Maintenance Equipment – working order, accessible, secured |
|[ ] [ ]  Exterior Parking Area – even surface, well-lit, uncluttered |
|[ ] [ ]  Security Cameras – in good working order |
| **SAFE or N/A** | **NOT SAFE** | **INTERIOR** |
|[ ] [ ]  Entrance/Exit Areas – not blocked, signed |
|[ ] [ ]  Security Systems Controlling Access 0 in working order |
|[ ] [ ]  Security Cameras – in working order |
|[ ] [ ]  Doors – good repair, not blocked, fire doors closed |
|[ ] [ ]  Ceiling – good repair |
|[ ] [ ]  Lighting – adequate, accessible, working |
|[ ] [ ]  Floors – clean, dry, even surface |
|[ ] [ ]  Stairs – railings, unobstructed, well-lit, good repair |
|[ ] [ ]  Hallways – uncluttered, well-lit |
|[ ] [ ]  Windows – good repair |
|[ ] [ ]  Carpets – good repair, fastened, no upturned edges, no holes |
|[ ] [ ]  Furniture – good repair |
|[ ] [ ]  Electrical Cords, Plugs – good repair, out of the way |
|[ ] [ ]  Electrical Sockets, Switches – good repair, accessible |
|[ ] [ ]  Shelving – secured to wall, uncluttered |
|[ ] [ ]  Bathrooms – dry, clean, fixtures in working order, uncluttered, entry/exit not blocked |
|[ ] [ ]  Cleaning Supplies – labelled, stored securely, uncluttered |
|[ ] [ ]  Electricity Panel – accessible, labelled |
|[ ] [ ]  Hot Water Temperature – non-scalding, tank secured to wall |
|[ ] [ ]  Heating – working order |
|[ ] [ ]  Ventilation – working order |
|[ ] [ ]  Air Conditioning – working order |
|[ ] [ ]  Common Rooms – uncluttered, entry/exits not blocked |
|[ ] [ ]  Storage Rooms – uncluttered, stored items accessible and secured, not unsteadily piled |
|[ ] [ ]  Work Rooms – uncluttered, adequate storage |
|[ ] [ ]  Meeting Rooms – uncluttered |
|[ ] [ ]  Elevator 0 good repair, inspected, works, entry/exit not blocked |
|[ ] [ ]  Office(s) – uncluttered, accessible, in good repair, security features in good repair |
|[ ] [ ]  Kitchen Space – uncluttered, space to move about, entry/exit not blocked |
|[ ] [ ]  Large Appliances – working order, cords in good repair |
|[ ] [ ]  Cupboards – accessible, contents stable |
|[ ] [ ]  Small Electric Appliances – working order, safely stored, accessible, cords in good repair |
| **SAFE or N/A** | **NOT SAFE** | **WORK PROCEDURES** |
|[ ] [ ]  Storage of Cleaning Supplies – secure, accessible, uncluttered |
|[ ] [ ]  Handling and Disposal of Infectious Materials (e.g. needles, clothing, etc.) – safe work procedures followed, tools available and used, protective equipment available and used |
|[ ] [ ]  Universal Precautions – in use |
|[ ] [ ]  Cleaning Procedures – in use, protective equipment available and used |
|[ ] [ ]  Personal Protective Equipment (e.g. gloves, goggles, etc.) – available and in use  |
|[ ] [ ]  Security Procedures – in use |
|[ ] [ ]  Personal Security Equipment (e.g. cell phones, etc.) – available, in good working order |
|[ ] [ ]  Non-Violent Crisis Intervention and De-Escalation Skills – in use |
|[ ] [ ]  Critical Incident Reporting – being done |
| **SAFE or N/A** | **NOT SAFE** | **FIRE/DISASTER** |
|[ ] [ ]  **Fire Drill** (conducted once a year)Date of last fire drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next fire drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ] [ ]  **Fire Alarm System** (batteries changed and system tested once a year)Date of last time batteries were changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last fire alarm system test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ] [ ]  **Sprinkler System** (inspected once a year)Date of last inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ] [ ]  **Fire Extinguishers** (inspected once a year)Date of last inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ] [ ]  **Emergency Response Plan** (drill conducted once a year)Date of last emergency response drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next emergency response drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ] [ ]  Staff know the location of and how to use fire extinguishers |
|[ ] [ ]  Emergency Lighting – in good working order |
|[ ] [ ]  Fire exits – clearly marked, uncluttered |
| **SAFE or N/A** | **NOT SAFE** | **FIRST AID** |
|[ ] [ ]  Staff First Aid Kit – stocked, accessible, staff know location |
| **SAFE or N/A** | **NOT SAFE** | **POLICY AND OHS MANUALS, ACCIDENT/INSPECTION REPORTS, WCB REGULATIONS** |
|[ ] [ ]  Accessible – staff know their location(s) |
| **SAFE or N/A** | **NOT SAFE** | **OTHER (write in as needed)** |
|[ ] [ ]   |
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