**WORKPLACE INSPECTION CHECKLIST**

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

|  |  |  |
| --- | --- | --- |
| **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 & Seating – good repair |
|  |  | Outdoor Maintenance Equipment – working order, accessible, secured |
|  |  | Exterior Parking Area – even surface, well-lit, uncluttered |
|  |  | Security Cameras – in good working order |
|  |  | **INTERIOR** |
|  |  | Entrance/Exit Areas – not blocked, signed |
|  |  | Security Systems Controlling Access – in working order |
|  |  | Security Cameras – in working order |
|  |  | Doors – good repair, not blocked, fire doors close |
|  |  | 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, labeled |
|  |  | 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 piled in unsteady way |
|  |  | Work Rooms – uncluttered, adequate storage |
|  |  | Meeting Rooms – uncluttered |
|  |  | Elevator – 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 |
|  |  | **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 and tools available and used |
|  |  | Personal Protective Equipment (e.g. gloves, goggles, etc.) – available, 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 |
|  |  | **FIRE/DISASTER** |
|  |  | **Fire Drill** (conducted once a year)  Date of Last Fire Drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Next of Next Fire Drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Fire Alarm System** (batteries changed and system tested once per 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 |
|  |  | **FIRST AID** |
|  |  | Staff First Aid Kit – stocked, accessible, staff know location |
|  |  | **POLICY & OHS MANUALS, ACCIDENT/INSPECTION REPORTS, WCB REGULATIONS** |
|  |  | Accessible, staff know their location(s) |
|  |  | **OTHER – write in as needed** |
|  |  |  |
|  |  |  |
|  |  |  |