**SAMPLE INSPECTION CHECKLISTS**

**The following pages contain the following sample checklists**

1. **Initial Health and Safety Committee Baseline Checklist**
2. **Standard Basic Inspection Checklist**
3. **Office Safety Inspection list**
4. **Sample Indoor Air Quality Symptom Survey**
5. **Initial Health and Safety Committee Baseline Checklist**

This checklist will be used only once to give the Joint Health & Safety Committee a starting point on each office’s overall health and safety. It is not meant to be used as a monthly inspection checklist.

HOW TO USE THE CHECKLIST

1. Fill in the General Information Sheet by meeting with staff in the office.
2. Define the work area to be checked.
3. Go through the items and identify which items require action according to the following procedure:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTROL SUBJECTS** | **(a)**  **NO ACTION REQUIRED** | **(b)**  **ACTION REQUIRED** | **(c)**  **HIGH PRIORITY ACTION REQUIRED** | **(d)**  **NOT APPLICABLE** | **(e)** COMMENTS |

|  |  |
| --- | --- |
| (a) If the item "meets requirements” (no action is required), put a check in the box under NO ACTION REQUIRED. | (b) If the item requires action, put a check in the box under ACTION REQUIRED. If the item has already had action taken, but needs further improvement, this box should also be checked. |
| (c) If the item required urgent action, check the space under HIGH PRIORITY ACTION REQUIRED. | (d) If the item does not apply to your workplace, check the space under NOT APPLICABLE. |
| (e)Comments about the nature of the improvements needed or the particular worksites requiring such improvements should be given. | |

1. *Before finishing, make sure that:*

(a) for *all* items listed, either NOT ACTION REQUIRED or ACTION REQUIRED is checked;

(b) for some of the items rated as ACTION REQUIRED, HIGH PRIORITY ACTION REQUIRED is checked.

## **GENERAL INFORMATION SHEET**

1. Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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2. Number of employees

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

4. Work area for this inspection:

Offices, workrooms, conference rooms, bathrooms, parking lot, storage sheds/outside storage, etc.

5. Name of Health and Safety Representative:

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTROL SUBJECTS | **(a)**  **No action required** | **(b)**  **Action required** | **(c)**  **High priority action required** | **(d)**  **Not applicable** |
| EMERGENCY EXITS  1. There should at least two escape exits with clearly visible emergency signs on every floor or in every large room. 2. All the escape ways leading to emergency exits free from obstacles. 3. Provide enough fire extinguishers of the appropriate type (ABC) within easy reach. 4. Extinguishers require adequate charge. The expiry date shows they have been serviced within the last year. |  |  |  |  |
| (e) **Comments**: | | | | |
| PASSAGEWAYS AND BARRIERS  1. Clearly mark passageways for safe movement of people and materials. 2. Clear aisles and passageways from obstacles or stumbling hazards. 3. Provide proper handrails and barriers for stairways, near floor openings, at windows, or near dangerous machines or processes. |  |  |  |  |
| (e) **Comments**: | | | | |
| BUILDING SECURITY  1. Is there adequate notification of entry to the building when an exterior door is opened. 2. Is the office equipped with a panic button 3. Is there a remote entry system 4. Is the building adequately secure. |  |  |  |  |
| (e) **Comments**: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTROL SUBJECTS | **(a)** | **(b)** | **(c)** | **(d)** |
| HOUSEKEEPING AND STORAGE  1. Provide convenient storage racks for tools, raw materials, parts and products. 2. Clean up oil spills or other slipping hazards. 3. Assign daily or more frequent responsibility for clean-up to specific workers for specific areas. |  |  |  |  |
| (e) **Comments**: | | | | |
| WASTE DISPOSAL  1. Clear the workroom of all unnecessary wastes and materials. 2. Provide enough waste receptacles or containers of adequate size. 3. Provide for proper drainage of waste water. |  |  |  |  |
| (e) **Comments**: | | | | |
| **AVOIDANCE OF HAZARDOUS OBJECTS**   1. Remove or relocate sharp, dangerous or hot objects so that the workers’ hands don’t get injured inadvertently during work. 2. Provide proper warning notices or signals wherever workers may approach a hazardous situation. |  |  |  |  |
| (e) **Comments**: | | | | |
| ELECTRICAL SAFETY  1. Prevent irregular or entangled wiring connections. 2. Ensure that all switch boxes or panel boards are provided with appropriate covers. 3. Provide effective grounding for all electrical equipment, i.e.: serge protectors for computers. |  |  |  |  |
| (e) **Comments**: | | | | |
| CONTROL SUBJECTS | **(a)** | **(b)** | **(c)** | **(d)** |
| MICROCLIMATE  1. Increase natural ventilation by having more openings, windows or open doorways. 2. Provide ventilators, electric fans, or air-conditioners to have good air flow. 3. Insulate or screen heat-producing objects, machinery or equipment. |  |  |  |  |
| (e) **Comments**: | | | | |
| LIGHTING  1. Improve daylight conditions by properly locating machines or skylight positions. 2. Improve general artificial lighting or provide spot lighting. 3. Eliminate glare or reflections that strain the workers’ eyes. 4. Adequate external lighting in entries and parking lots. |  |  |  |  |
| (e) **Comments**: | | | | |
| NOISE  1. Reduce noise at the source by using properly designed, maintained and adjusted tools or machines. 2. Screen or isolate the source of noise as completely as possible. 3. Reduce noise reflection by raising the ceiling or using sound-absorbing materials. |  |  |  |  |
| (e) **Comments**: | | | | |
| HAZARDOUS SUBSTANCES  1. Ensure all hazardous substances are adequately labelled. 2. Enclose or isolate dust-producing machines. 3. Enclose completely the sources of hazardous gases or vapours. 4. Introduce or improve local exhaust ventilation at the workstation. |  |  |  |  |
| (e) **Comments**: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTROL SUBJECTS | **(a)** | **(b)** | **(c)** | **(d)** |
| HANDLING OF HAZARDOUS MATERIALS   1. Change the work method so as to reduce possibilities for direct handling of hazardous materials. 2. Provide workers with suitable protective clothing and gloves to avoid direct contact with hazardous materials. 3. Where hazardous materials are used, install an emergency shower and a special fountain to flush chemicals from the eyes. |  |  |  |  |
| (e) **Comments**: | | | | |
| PROTECTIVE EQUIPMENT  1. Provide adequate numbers and appropriate types of protective goggles, face shields, masks, earplugs, safety footwear, helmets and/or gloves. 2. Ensure that all kinds of protective equipment are well maintained and their use is regularly monitored. 3. Replace personal protective equipment with built-in guards or other built-in hazard reduction measures wherever possible. |  |  |  |  |
| (e) **Comments**: | | | | |
| LIFTING AND POSTURES  1. Use jigs, levers, pulleys or other mechanical measures to avoid strenuous work or prolonged unnatural working postures. 2. Use carts, cranes, conveyors or other mechanical aids when moving heavy loads. 3. Train workers to use their legs rather than their backs when lifting. |  |  |  |  |
| (e) **Comments**: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTROL SUBJECTS | **(a)** | **(b)** | **(c)** | **(d)** |
| HEIGHT OF WORKING SURFACE  1. Avoid bending postures for standing workers by raising the height of equipment, controls or work surfaces. 2. Avoid work requiring high hand positions for standing workers by providing foot stands or platforms. 3. Provide worktables of suitable height for seated workers so that too high or low hand positions are avoided. |  |  |  |  |
| (e) **Comments**: | | | | |
| CHAIRS  1. Provide chairs or benches of the correct height or make seat height individually adjustable. 2. Choose the seat surface and cushion for comfort and support. 3. Provide chairs with a backrest of proper size which provides low back support. |  |  |  |  |
| (e) **Comments**: | | | | |
| REACH  1. Plate frequently operated switches and controls within easy reach of the workers. 2. Make different switches and controls easily distinguishable from each other, by changing positions, sizes, shapes or colours. 3. Put materials within easy reach of workers, using racks if necessary. |  |  |  |  |
| (e) **Comments**: | | | | |
| HAND TOOLS  1. Choose tools of appropriate size and shape for easy and safe use. 2. Improve tools or use locking devices to reduce gripping or handling force. 3. Make sure that tools are maintained and repaired properly and that no worn-out tools are used. |  |  |  |  |
| (e) **Comments**: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTROL SUBJECTS | **(a)** | **(b)** | **(c)** | **(d)** |
| SANITARY FACILITIES  1. Provide sufficient toilet facilities close to the work area. 2. Provide sufficient separate hand washing facilities with soaps or hand cleaners. 3. Ensure that toilet and washing facilities are regularly cleaned and in good sanitary conditions. |  |  |  |  |
| (e) **Comments**: | | | | |
| DRINKING WATER AND MEALTIME FACILITIES   1. Provide safe, cool water or other beverages. 2. Provide a separate, comfortable and hygienic room for meals. 3. Arrange that meals of sufficient nutritional value are available. |  |  |  |  |
| (e) **Comments**: | | | | |
| HEALTH PROGRAMME  1. Ensure the availability of first-aid equipment and a qualified first-aider. 2. Conduct regular health examinations of workers. 3. Provide ready access to treatment by a physician or a nurse. 4. Ensure First Aid kit is adequately stocked and easily accessible. |  |  |  |  |
| (e) **Comments**: | | | | |
| SAFETY AND HEALTH EDUCATION  1. Does your office require additional posters and safety and health signs. 2. Who will be the office designated First-Aid Responders. 3. Who will be the office designated Health & Safety Representatives. 4. Is there a need for additional training. |  |  |  |  |

**II. Sample General Inspection Form**

|  |  |
| --- | --- |
| Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location/Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Condition:** ✓**Satisfactory** ✗ **Unsatisfactory (requires attention)** | |
|  |  |
| **SAFE WORK PRACTICES** | **FIRE PROTECTION** |
| Use of machine guards | Fire extinguishers |
| Proper manual lifting | Proper type/location |
| Smoking only in safe, designated areas | Storage of flammable materials |
| Proper use of air hoses | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **USE OF PPE** | **TOOLS and MACHINERY** |
| Eye/face protection | Lawn mowers |
| Footwear | Power tools |
| Gloves | Hand tools |
| Protective clothing | Snow blowers |
| Head protection | Machine guards |
| Aprons | Belts, pulleys, gears, shafts |
| Respirators | Oiling, cleaning, adjusting |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Maintenance, oil leakage |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **HOUSEKEEPING** | **FIRST AID** |
| Proper storage areas | First aid kits in rooms/vehicles |
| Proper storage of flammable material (oily rags, etc.) | Trained first aid providers |
| Proper disposal of waste | Emergency numbers posted |
| Floors (clean, uncluttered, dry) | All injuries reported |
| Maintenance of yards, parking lots | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **ELECTRICAL SAFETY** | **MISCELLANEOUS** |
| Machine grounding / GFI | MSDS/SDS Labels |
| Electrical cords | Dust / vapour / fume control |
| Electrical outlets | Safe use of ladders / scaffolds |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | New processes or procedures carried out |
| Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Source: CCOHS / CCHST

**III. Sample Office Inspection Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Topic** | Compliant? | Comments or  Suggested Corrective measures | Date Fixed |
| **Administrative** | | | |
| Is there a current Health and Safety Policy in a location known and accessible to all employees | Y N |  | / |
| Have employees received Policy training | Y N |  | / |
| Is there a safety bulletin board displaying emergency phone numbers, evacuation routes, safety meeting information | Y N |  | / |
| Material Safety Data Sheets (MSDS) on file and available to employees | Y N |  | / |
| Does the departmental Emergency Operations Plan include a floor plan/map of the department, including emergency evacuation route and procedures | Y N |  | / |
| Are fire inspections and fire drills documented | Y N |  | / |
| Are employees aware of emergency procedures | Y N |  | / |
| Are employees aware of security procedures | Y N |  | / |
| Is staff training up-to-date | Y N |  | / |
| Is the OH&S Act and Regulations Posted | Y N |  | / |
| Floor warden/ first aider name | Y N |  | / |
| Health and Safety Committee meeting minutes posted | Y N |  | / |
| |  | | --- | | **Furniture/Office Equipment** | |  |  |  |
| In good mechanical condition | Y N |  | / |
| The keyboard and mouse within easy reach | Y N |  | / |
| Keyboard and monitor aligned | Y N |  | / |
| Chairs at workstations adjustable | Y N |  | / |
| Leg clearance available under desk surface | Y N |  | / |
| Furniture properly assembled | Y N |  | / |
| Furniture properly adjusted | Y N |  | / |
| Secure from tipping | Y N |  | / |
| Furniture free from sharp edges/corners | Y N |  | / |
| Dangerous parts properly guarded | Y N |  | / |
| Preventative maintenance program established for equipment and tools | Y N |  | / |
| **General Safety/Housekeeping** | | | |
| Doorways, exit aisles, or corridors free of obstacles. | Y N |  | / |
| Filing cabinets, bookcases and other items over four feet tall securely bolted to walls | Y N |  | / |
| Warnings posted when floors are wet | Y N |  | / |
| Floor coverings in good condition | Y N |  | / |
| Materials on shelves above chest level secured by doors or straps | Y N |  | / |
| Cubicle walls secured and not loose | Y N |  | / |
| Coffee machines, etc. securely fixed to avoid risk of burns | Y N |  | / |
| No overhead storage of heavy items | Y N |  | / |
| Heavy files placed in bottom drawers to prevent tipping | Y N |  | / |
| File drawers kept closed when not in use | Y N |  | / |
| Stepladders for high storage areas | Y N |  | / |
| Office areas cleaned and maintained regularly | Y N |  | / |
| Storage rooms and recycling areas neatly maintained | Y N |  | / |
| All waste materials placed in the proper waste containers and emptied regularly | Y N |  | / |
| Flooring in good condition with loose rugs and mats secured | Y N |  | / |
| No missing or loose ceiling tiles | Y N |  | / |
| Paper cutter equipped with guard | Y N |  | / |
| Electric fans have a grill or guard for finger protection | Y N |  | / |
| **Fire Protection** | | | |
| Exits visibly marked and clear of obstruction | Y N |  | / |
| Fire doors closed securely at all times | Y N |  | / |
| Stairwells clear | Y N |  | / |
| Emergency switches accessible (not blocked) | Y N |  | / |
| Proper fire extinguishers available and inspected | Y N |  | / |
| Special procedures in place for workers with disabilities to assist them to exits | Y N |  | / |
| Combustible materials stored in assigned storage cabinets or designated areas | Y N |  | / |
| Materials stored at least 18 inches away from sprinkler heads or 24 inches from ceiling where no sprinkler system exists | Y N |  | / |
| Fire drills held on a regular basis | Y N |  | / |
| No electric space heaters | Y N |  | / |
| **Electrical** | | | |
| All plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation) | Y N |  | / |
| Extension cords being used correctly (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aisle ways; not to be used as a permanent source of electrical supply- have additional outlets installed; not be linked together. No “thin zip cords.”) | Y N |  | / |
| Clear access (36” clearance) provided to electrical panels | Y N |  | / |
| Cord or cable systems used to manage all cords or cables | Y N |  | / |
| Extension cords at minimum 14 gauge (heavy-duty), 6’ or less, and servicing only one appliance or fixture | Y N |  | / |
| Faulty or broken equipment removed from service | Y N |  | / |
| Lamps well clear of drapes, papers and other combustible materials | Y N |  | / |
|  | | | |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |
|  | Y N |  | / |

**IV. Sample Air Quality Survey**

Some employees have complained of the working conditions that exist at their workplace. To help isolate the problem, your union is asking you to fill out the following survey. Answers will be kept confidential, and only the group data in full will be shared with your employer.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Frequency** | **Does the condition only occur at your workplace, and get better when you leave?** |
| **Headaches** | Yes | Rare  Frequent  Occasional | Yes  No |
| No |  |  |
| **Eyes:**  Do you ever have any of the following symptoms: | Blurring | Rare  Frequent  Occasional | Yes  No |
| Aching | Rare  Frequent  Occasional | Yes  No |
| Running | Rare  Frequent  Occasional | Yes  No |
| Redness | Rare  Frequent  Occasional | Yes  No |
| Dry Eyes | Rare  Frequent  Occasional | Yes  No |
| **Digestive Tract**  Do you experience any of the following symptoms: | Loss of Appetite | Rare  Frequent  Occasional | Yes  No |
| Vomiting | Rare  Frequent  Occasional | Yes  No |
| Sick Feeling | Rare  Frequent  Occasional | Yes  No |
| Indigestion | Rare  Frequent  Occasional | Yes  No |
| Ulcers | Rare  Frequent  Occasional | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Frequency** | **Does the condition only occur at your workplace, and get better when you leave?** |
| Respiratory Tract  Do you experience any of the following symptoms: | Breathlessness | Rare  Frequent  Occasional | Yes  No |
| Dry nose | Rare  Frequent  Occasional | Yes  No |
| Congestion | Rare  Frequent  Occasional | Yes  No |
| Running Nose | Rare  Frequent  Occasional | Yes  No |
| Sore Nose | Rare  Frequent  Occasional | Yes  No |
| Bleeding from the nose | Rare  Frequent  Occasional | Yes  No |
| Dry Throat | Rare  Frequent  Occasional | Yes  No |
| Sore Throat | Rare  Frequent  Occasional | Yes  No |
| Chest Pains | Rare  Frequent  Occasional | Yes  No |
| Coughing | Rare  Frequent  Occasional | Yes  No |
| Skin  Do You experience the following symptoms? | Sweating | Rare  Frequent  Occasional | Yes  No |
| Rashes | Rare  Frequent  Occasional | Yes  No |
| Dry Skin | Rare  Frequent  Occasional | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Frequency** | **Does the condition only occur at your workplace, and get better when you leave?** |
| Legs  Do you experience of the following symptoms: | Weakness in Legs | Rare  Frequent  Occasional | Yes  No |
| Aching Legs | Rare  Frequent  Occasional | Yes  No |
| Back  Do you experience any of the following symptoms | Back Pains | Rare  Frequent  Occasional | Yes  No |
| Back Aches | Rare  Frequent  Occasional | Yes  No |
| Do you experience tiredness | Yes  No | Daily  Weekly  Occasionally | Yes  No |
|  |  |  |  |

What is your work area and occupation?

What percentage of your work week is spent at this workplace?

0-20%  20-40%  40-60%  60-80%  80-100%

Do you have any other symptoms that may be related to your job?

Do you have any comments about your working conditions?