

Appendix 4



Sample Workplace Inspection Checklist

GUIDELINES

- Workplace inspections are to be completed by a team of a manager representative from the management group, an employee representative from the workplace, a member of their respective JOHSC/Health and Safety Representative (if available).
- This workplace inspection form is fillable. You can print a hard copy of the inspection form and write on manually during the inspection. Before submitting for review, all information **MUST** be entered in the fillable form and signed by all participants using digital signatures.
- Signed copies are to be sent via email to _____

Address: _____

Date of Inspection: _____

Manager Representative: _____

Employee Representative: _____

JOHSC/Health and Safety
Representative (*if applicable*): _____

All hazards identified during inspections will be reviewed with the JOHSC/Health and Safety Representative. Corrective actions will be responded to accordingly and reported to

PART I. INSPECTION CHECKLIST

PLEASE CHECK ON THE FOLLOWING ITEMS FOR ANY ISSUES/HAZARDS **YES** **NO** **N/A** **NOTES/COMMENTS**

Floors, Aisles and Stairways. Are the aisle ways and passageways clear and unobstructed?

If there are stairways, are the stair treads and handrails in good condition?

Electrical Equipment. Are cables, electric cords, and power bars free of damage/dust and located out of walkways?

Controlled Products. Is there an inventory of all controlled products used at the workplace, including up to date material safety data sheets for each?

First Aid. First aid kits and AED (where applicable) are in an employee accessible area and clearly marked?

Is there a list of first aid responders (AED-trained, where applicable) posted?

Bulletin Board. Is there an OHS bulletin board in this office (where JOHSC meeting minutes, the OHS Act, and internal programs, etc. are posted)?

Housekeeping and Storage. Are file boxes stacked less than 5 high and in good stable condition?

Faulty desks, chairs, or other damaged equipment are taken out of service?

Emergency Preparedness. Does the building have a fire safety plan?

Are the emergency doors/exits clear and properly marked?

Are the fire evacuation procedures communicated adequately?

Are the names of floor emergency wardens posted?

Do sprinkler heads have a 0.5-meter clearance?

Are the portable fire extinguishers properly mounted and inspected? Date of inspection:

Was there a fire drill within the last 12 months?
Date of last fire drill:

PART II. CORRECTIVE ACTIONS

IMPORTANT NOTES

- Please list all action items identified during the inspection, including items addressed during the inspection. You may also indicate the level of urgency of the corrective action required.
- You may include items not completed from previous inspections noting that it is outstanding.
- Please attach additional pages if needed.

IDENTIFIED ISSUES/HAZARDS	EXACT LOCATION	CORRECTIVE ACTION REQUIRED	RESPONSIBLE PERSON
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Manager Signature: _____

Employee Signature: _____

JOHSC/Health and Safety Representative Signature: _____