



# CLEAN AND READILY AVAILABLE WASHROOMS

Toilet and Hand-Cleaning Checklist for Outdoor Worksites

Persuant to **Section 19** and **20** of the [Occupational Safety General Regulations \(OSGR\)](#)  
For more information refer to [Safety Bulletin – Clean and Readily Available Washrooms \(PDF\)](#)

## WORKSITE INFORMATION

Worksite name: \_\_\_\_\_ Location: \_\_\_\_\_

Employer / Contractor: \_\_\_\_\_ Inspection date: \_\_\_\_\_

Employee performing inspection: \_\_\_\_\_ # of employees on worksite: \_\_\_\_\_

Inspection Type:    Initial       Routine       Follow-up       Complaint

## TOILETS – [OSGR Section 19](#)

### Compliance Requirement

Yes   No   N/A   Comments

Sufficient number of toilets provided for workforce size as outlined in Section 19 \_\_\_\_\_

Toilets located within reasonable distance of work areas \_\_\_\_\_

Facilities maintained in clean and sanitary condition and in good working order \_\_\_\_\_

Toilets provide adequate privacy (doors, partitions, locks) and are enclosed for protection from the natural elements \_\_\_\_\_

Separate facilities for men and women **OR** in workplaces with less than nine employees in total, single occupancy lockable units as outlined in Section 19 \_\_\_\_\_

Portable toilets (if applicable) are clean and serviced regularly \_\_\_\_\_

Toilets are properly ventilated, illuminated and heated where practical \_\_\_\_\_



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### HAND-CLEANING FACILITIES – [OSGR Section 20](#)

Compliance Requirement	Yes	No	N/A	Comments
Hand-cleaning facilities located near toilets and have easy access				_____
Clean water available, if running water is available provided in both hot and cold				_____
Soap or other appropriate cleansers provided				_____
Hand drying method available (paper towels or air dryer)				_____
Facilities maintained in clean, sanitary condition				_____
Portable hand-cleaning units reflect good hygiene practice				_____

### GENERAL HYGIENE & ACCESS

Compliance Requirement	Yes	No	N/A	Comments
Supplies restocked as required (soap, toilet paper, paper towels, water, etc.)				_____
Waste bins available and emptied regularly				_____
No unsanitary conditions present (odours, waste buildup, spills) and in good working order				_____
Workers have unrestricted access to facilities				_____

### CORRECTIVE ACTIONS & FOLLOW-UP

Status:      Compliant      Partially compliant      Non-compliant

Identified issues and corrective actions required: \_\_\_\_\_

Completion deadline: \_\_\_\_\_ Follow-up date: (if required) \_\_\_\_\_

Employee name: \_\_\_\_\_ Employee signature: \_\_\_\_\_

