**INSTRUCTIONS**:

**Supervisors** should alter this template to meet the specific needs of the worksite.

**The Occupational Health and Safety Committee (OHSC) member**:

1. Completes Part A through Part G of the checklist;
2. Submits a copy to the OHSC; and
3. Submits the checklist to the supervisor.

**The Supervisor** completes the remainder, signs and retains the checklist at the workplace.

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| Division | |  | Inspected By |
|  |  |
| Worksite | |  |  |
|  |  |
| Date (yyyy/mm/dd) | Time (24hr clock) |  | 4. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **WORKPLACE CONDITIONS** | **YES** | **NO** | **ACTION REQUIRED/COMMENTS** |
| **Floors** | | | |
| * Free of trip, slip, and fall hazards |  |  |  |
| * Free of protrusions, loose tiles or carpets |  |  |  |
| **Corridors, Passageways, Aisles** | | | |
| * Clear and unobstructed |  |  |  |
| **Stairs** | | | |
| * Tread and edgings slip resistant |  |  |  |
| * Handrail in safe condition |  |  |  |
| * Clear and unobstructed |  |  |  |
| **Exits** | | | |
| * Signs posted and illuminated |  |  |  |
| * Clear and unobstructed |  |  |  |
| **Lighting** | | | |
| * Walking/working areas adequately illuminated |  |  |  |
| * Light fixtures clean, not damaged, operate satisfactorily |  |  |  |

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| **Indoor Air Quality** | | | | |
| * Humidity – comfortable |  |  | |  |
| * Temperature – comfortable |  |  | |  |
| **Washrooms** | | | | |
| * Washrooms clean and stocked with appropriate supplies |  |  | |  |
| **Yard/Parking Facilities** | | | | |
| * Lighting |  |  | |  |
| * Clean/clear of ice and snow |  |  | |  |
|  |  |  | |  |
| 1. **STORAGE** | **YES** | **NO** | | **ACTION REQUIRED/COMMENTS** |
| * Shelving secured to wall/floor/other shelves |  |  | |  |
| * Proper foot stools/step ladders available |  |  | |  |
| * Heavy material stored at waist level for manual handling |  |  | |  |
| * Stored material secured to prevent shifting/falling |  |  | |  |
| * Filing cabinets secured and loaded from bottom |  |  | |  |
| * Storage areas free of clutter and unwanted material |  |  | |  |
| * Adequate shelving available |  |  | |  |
| * Materials/boxes properly labelled |  |  | |  |
|  |  |  | |  |
| 1. **FURNITURE/EQUIPMENT/SUPPLIES** | **YES** | **NO** | | **ACTION REQUIRED/COMMENTS** |
| * Office layout, furniture, security, and equipment appropriate for client contact/risk |  |  | |  |
| * Safe operating condition – printers, photocopiers, paper cutters, shredders, staplers, chairs, desks, tables, file cabinets, etc. |  |  | |  |
| * Carts provided and in good condition |  |  | |  |
| * Safe guards in place – paper cutters, shredders |  |  | |  |
| * Furniture in good condition – no damaged surfaces |  |  | |  |
| * Chairs in good condition – five legged base and no broken castors, armrests |  |  | |  |
| * Bookshelves and bulletin boards secured |  |  | |  |
| Employees understand ergonomic principles. |  |  |  | |
| * Employees able to identify hazardous materials present at the worksite |  |  |  | |
| * Employees know how to handle hazardous materials |  |  |  | |
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| 1. **ELECTRICAL** | **YES** | **NO** | **ACTION REQUIRED/COMMENTS** | |
| * Appliances and equipment plugged directly into receptacles when possible |  |  |  | |
| * Power bars and surge protectors plugged directly into wall receptacles and not into each other |  |  |  | |
| * Power cords in safe condition – wires not exposed or frayed |  |  |  | |
| * Power cords used safely – placed/secured to prevent tripping, and not run under carpet |  |  |  | |
| * Ground fault interrupter on plugs near water |  |  |  | |
| * Adequate number of receptacles – outlets not overloaded |  |  |  | |
| * Receptacle plates in good condition – not broken, no evidence of burning |  |  |  | |
| * Faulty electrical equipment “locked out” or tagged and removed from service |  |  |  | |

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| 1. **EMERGENCY PREPAREDNESS** | **YES** | **NO** | **ACTION REQUIRED/COMMENTS** |
| **First Aid** | | | |
| * Stations posted |  |  |  |
| * Kits fully stocked |  |  |  |
| * Names of current first aiders posted |  |  |  |
| **Fire** | | | |
| * Self-closers on fire doors operate |  |  |  |
| * Extinguishers |  |  |  |
| * + Properly mounted and tagged |  |  |  |
| * + Inspected monthly |  |  |  |
| * + Serviced annually |  |  |  |
| **Emergency Response** | | | |
| * Exit signs posted and illuminated |  |  |  |
| * Emergency evacuation routes posted |  |  |  |
| * Employees know emergency response procedures for potential emergencies |  |  |  |
| * Employees know emergency response personnel |  |  |  |
| * Employees know working alone procedures |  |  |  |
| * Employees know workplace violence procedures |  |  |  |
| * Employees know infectious disease control practices |  |  |  |

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| 1. **KITCHEN/COFFEE FACILITIES** | **YES** | **NO** | **ACTION REQUIRED/COMMENTS** |
| * Floors kept clean, dry and free from slip/trip hazards |  |  |  |
| * Appliances in safe condition |  |  |  |
| * Cleaning supplies clearly labelled and stored properly |  |  |  |
| * Numbers of waste containers adequate |  |  |  |
| 1. **ADDITIONAL COMMENTS** | | | |
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|  |  |  |  |  |
| Signature of OHSC Member |  | Name of OHSC Member (PRINT) |  | Date (yyyy/mm/dd) |

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| **REVIEWED AND COMPLETED BY SUPERVISOR** | | | | |
| **Corrective Actions Taken** | | | | |
|  | | | | |
| **Results of inspection communicated to employees at workplace?**  **Yes**  **No** | | | |  |
|  |  |  |  |  |
| Signature of Supervisor |  | Name of Supervisor (PRINT) |  | Date (yyyy/mm/dd) |