# Occupational Health & Safety Workplace Inspection Forms Package

# Health PEI Occupational Health & Safety Workplace Inspection Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date: Location:** | | | | |
| *NOTE: Please ensure all areas are checked by putting a check mark in one of the columns and comment as necessary.* | | | | |
| **Category/Location** | **satisfactory** | **unsatisfactory** | **N/A** | **Comments** |
| **Entrances/Exits/Stairways** | | | | |
| Clearly signed and illuminated |  |  |  |  |
| Clear of wet/ice/snow/garbage |  |  |  |  |
| Handrails secure |  |  |  |  |
| Stairwell free of obstacles |  |  |  |  |
| Wheelchair ramp in good repair |  |  |  |  |
| **Aisles and Corridors** | | | | |
| Clearly signed and illuminated |  |  |  |  |
| Unobstructed and free of protruding objects |  |  |  |  |
| Adequately lit |  |  |  |  |
| **Fire Protection/Warning Systems** | | | | |
| Fire extinguishers inspected and tagged |  |  |  |  |
| Fire extinguishers unobstructed; charged; pins in place |  |  |  |  |
| Fire hoses maintained and accessible |  |  |  |  |
| Fire/emergency/disaster plan current & posted |  |  |  |  |
| Warning/hazard signs are prominently displayed (ie. Isolation protocol, PPE needed) |  |  |  |  |
| **Floors** | | | | |
| Clean and dry; wet floor signs where needed |  |  |  |  |
| Free of slip/trip hazards |  |  |  |  |
| **Electrical/Lighting/Cords** | | | | |
| Sufficient lighting for work tasks/walking |  |  |  |  |
| Emergency lighting provided (working generator backup or flashlight with batteries) |  |  |  |  |
| Cords in good repair |  |  |  |  |
| Electrical equipment CSA/ULC approved |  |  |  |  |
| Lockout tags available |  |  |  |  |
| Wall and ceiling fixtures fastened securely |  |  |  |  |
| **Material Stacking & Storage** | | | | |
| Clean; good housekeeping; aisles clear |  |  |  |  |
| Organized; light items on top, heavy on bottom |  |  |  |  |
| Storage racks/shelves are stable |  |  |  |  |
| Sprinkler heads (if in place) have a minimum of 18 inches headspace |  |  |  |  |
| pg. 1 of 3 | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date: Location:** | | | | |
| *NOTE: Please ensure all areas are checked by putting a check mark in one of the columns and comment as necessary.* | | | | |
| **Category/Location** | **satisfactory** | **unsatisfactory** | **N/A** | **Comments** |
| **Material Handling** | | | | |
| Proper lifting/transporting/repositioning equipment is available |  |  |  |  |
| Right of way kept clear (items kept to one side of hallway) |  |  |  |  |
| Blind spot identified and signs posted or mirrors in place |  |  |  |  |
| **First Aid Kits/Station & Equipment** | | | | |
| First aid supplies located as required by legislation and signs posted |  |  |  |  |
| Name of person certified with first aid posted |  |  |  |  |
| Records kept of first aid supplies and injuries` |  |  |  |  |
| Emergency supplies available (water, food, blankets) |  |  |  |  |
| Eye wash station(s)/emergency showers in place within close access to high risk exposure work areas |  |  |  |  |
| **Workplace Hazardous Material Information System (WHMIS)** | | | | |
| Spill kit available where appropriate & emergency phone number posted |  |  |  |  |
| Appropriate storage location and cabinet for highly flammable/explosive chemicals |  |  |  |  |
| MSDS binder up to date and accessible |  |  |  |  |
| WHMIS education and training provided |  |  |  |  |
| Housekeeping closets are locked |  |  |  |  |
| **Waste Disposal** | | | | |
| Separate containers for oily rags, chemical/ biohazard waste, compost, waste, recyclable |  |  |  |  |
| Sharps containers are provided and properly maintained |  |  |  |  |
| **Work Stations/Areas** | | | | |
| Furnishings/desks/cabinets secure, not overloaded, and free from sharp edges |  |  |  |  |
| Desk and file drawers kept closed when unused |  |  |  |  |
| **Grounds/Roadways/Parking Areas** | | | | |
| Sufficient lighting |  |  |  |  |
| Sidewalks in good repair (uneven surfaces marked) |  |  |  |  |
| Well marked crosswalk in high traffic area |  |  |  |  |
| pg. 2 of 3 | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date: Location:** | | | | |
| *NOTE: Please ensure all areas are checked by putting a check mark in one of the columns and comment as necessary.* | | | | |
| **Category/Location** | **satisfactory** | **unsatisfactory** | **N/A** | **Comments** |
| **Tools/Machinery/Appliances/Equipment** | | | | |
| Ladders/step stools in good repair |  |  |  |  |
| No metal ladder near electrical |  |  |  |  |
| Guards, shields and safety devices in place and in good repair |  |  |  |  |
| Safe work procedures in place |  |  |  |  |
| **Security** | | | | |
| Working alone plans in place |  |  |  |  |
| Workplace violence/safe work procedures in place |  |  |  |  |
| Emergency procedures in place (evacuation, fire, bomb, etc) |  |  |  |  |
| Emergency numbers posted |  |  |  |  |
| **Miscellaneous** | | | | |
| OH&S bulletin board meets OH&S act standards |  |  |  |  |
| Food service area – clean and sanitary |  |  |  |  |
| Washrooms – clean, sanitary and stocked |  |  |  |  |
| Vehicles – inspected, in good repair |  |  |  |  |
| Vehicles – cargo barriers installed in vans |  |  |  |  |
| **NOT APPLICABLE FOR OFFICE BUILDINGS** | | | | |
| **Patient/Client/Resident Rooms and Areas** | | | | |
| Bedroom uncluttered; no tripping hazards; safe to move around |  |  |  |  |
| Bed brakes/locks/handles in good repair |  |  |  |  |
| Bed rails in good repair |  |  |  |  |
| Wheelchairs in good repair |  |  |  |  |
| Inspected mechanical lifting equipment available |  |  |  |  |
| Personal electrical items – CSA approved and in good repair |  |  |  |  |
| **Personal Protective Equipment** | | | | |
| PPE is available, maintained and used |  |  |  |  |
| **Compressed Gas** | | | | |
| Stored upright and secured against fall |  |  |  |  |
| **Musculoskeletal Injury Prevention (MSIP)** | | | | |
| MSIP provided |  |  |  |  |
| All MSIP equipment provided and in good repair (belts, lifts, slider sheets, carts, etc) |  |  |  |  |
| **Inspected by:** | | | | |

# Health PEI Workplace Inspection Recording Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date: Department Inspected:** | | | | | | | | | | |
|  | **Inspected by:** | | | | | | | | | | |
| **Location (within department)** | | **Hazard(s) observed** | **Risk level** | | | **Repeat item?** | |  | ***This section is to be filled in by the department managers/Department of Transportation if responsible after the inspection*** | | |
| **High** | **Med** | **Low** | **Yes** | **No** | **Most Responsible Dept.** | **Action plan** | **Date requested** | **Date resolved** |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | Inspectors: Send copy to OH&S Committee Chair/Secretary Send copy to DTI if leased to [pwaccom@gov.pe.ca](mailto:pwaccom@gov.pe.ca) also include in subject line: What building it is and “OHS Workplace Inspection”  Send original to Department Supervisor/Manager  pg. 1 of 2 | | | | | | | | | | |

**Definitions**:

Hazard: Thing that has the potential to cause harm.

Risk: The chance that an existing hazard may cause harm or injury. Risk can be rated as Low, Medium or High by evaluating the Severity of any potential injury, the Frequency of exposure and Probability of occurrence.

* Low: Minor Injury (Injuries that could require first aid treatment), Infrequent Exposure, Probability of occurrence unlikely. **Low Risk Hazards require longer term action.**
* Medium: Major Injury (Injuries that could require medical treatment- more than first aid), Infrequent and Frequent Exposure, Probability of occurrence unlikely and likely. **Medium Risk Hazards require short term action.**
* High: Permanent Injury or Death, Infrequent or frequent exposure, Probability of Occurrence unlikely and likely. **High Risk Hazards require immediate action.**

Repeat Item: Hazard that was identified on last Workplace Inspection Recording Form.

Most Responsible Dept: Department of Transportation if leased property, Unit/Building Manager, Maintenance dept of facility…

**Inspector’s role**

* Knock on doors prior to entering offices/rooms.
* Introduce inspection team to staff with in department.
* Speak with staff regarding their concerns.
* List Hazards on Workplace Inspection Recording Form.
* Assign a Risk Level to each Hazard identified
* Indicate whether this is a Repeat Item from the last inspection completed.
* Send copy of the Workplace Inspection Recording Form to OH&S Committee Chair or Secretary
* Send original to Department Manager/Supervisor.

**Department Manager/Supervisor’s role**

* Accompany inspectors during inspection or provide a delegate.
* Review hazards and risks listed on Workplace Inspection Recording Form.
* Record Action Plan to resolve hazard. Contact appropriate department for repairs/action and advise urgency according to Risk Level. Enter dates under Date Requested.
* Return copy of Workplace Inspection Recording Form with Action Plan recorded and Date Requested completed within 30 days to OH&S Committee Secretary.
* If repairs/actions have been completed during the 30 days, enter the date under Date Resolved.

pg. 2 of 2