1. Take pictures of inspected area(s) (especially identified hazards). Create an electronic folder for inspection pictures, include the date of the inspection in the title of the files, Example: **Folder Name**: *Inspections 2019,* **File Name**: *Warehouse July 1 2019.*
2. [x]  Check off hazard items that need attention/corrective action [x]  **.**
3. If no hazards are found check off the “***No Hazards found in this Section/Area/Location”*** at the end of the inspection report and date & sign.
4. Note Initial Hazard Rating **1 = Low/2 =Medium/3 = High.**
5. Check/Circle/Underline/Highlight specific items identifying hazards found.
6. Insert detailed description in “**Report Findings**” Form at the end of this check off list.

|  |  |
| --- | --- |
|  **Location (Address):** | Company or site address  |
| **Picture #** | **Item #** | **Areas:** | **Initial Hazard Rating** |
| [ ]  **Warehouse** [ ]  **Office(s)** [ ]  **Yard** [ ]  **Shop** [ ]  **Workstations** [ ]  **Parking Lot** **Other:** [ ] [ ] [ ]  |
|  |  | **Sections:** | **Note:** | Hazards Found | 1,2,3 |
|  | **1** | **Floors, Walkways & Stairs** |  |  |  |
| **8,9** |  | Slip[ ]  Trip [ ]  Treads [ ]  Hand /Guard Rails [ ]  Unmarked [ ]  Obstructed [ ]  Other [ ] : | Note:  | [ ]  | 2 |
|  | **2** | **Exits & Doorways** |  |  |  |
|  |  | Unmarked [ ]  Obstructed [ ]  Other [ ]   | **Note:**  | [ ]  | 21 |
|  | **3** | **Emergency Equipment** |  |  |  |
| **4,5** |  | Fire Extinguishers [ ]  Fire Detection & Suppression [ ]  Lighting [ ]  Alarm [ ]  Other [ ] :* Service Out of Date [ ]  Unmarked [ ]  Not Maintained [ ]  Obstructed [ ]  Other [ ] :
 | Note:  | [ ]  | 2 |
|  | **4** | **Lighting**  |  |  |  |
|  |  | Poorly lit [ ]  Not Working [ ]  Other [ ] :  | Note: | [ ]  |  |
|  | **5** | **Electrical** |  |  |  |
| **3** |  | Panels [ ]  Cords [ ]  Tools [ ]  Outlets [ ]  Switches Covers [ ]  Other [ ] : * Unidentified [ ]  Unmarked [ ]  Open [x]  Not Secured [ ]  Not CSA Approved [ ]  Damage [ ]  Obstructed [ ]  Other [ ] :
 | Note:  | [ ]  | 1 |
|  | **6** | **Shelving/Storage/Cabinets/Cupboards** |  |  |  |
| **11-13** |  | Damage [ ]  Unstrapped [ ]  Poorly Stacked [ ]  Exposed to Vibration [ ]  Overloaded [ ]  “Maximum load” not posted [ ]  Other [ ] : | Note:  | [ ]  | 1 |
|  | **7** | **Equipment & Tools**  |  |  |  |
|  |  | Maintenance[ ]  Guards [ ] Filters [ ] Not Secured [ ]  Pinch Points Exposed [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **8** | **Hoisting Equipment** |  |  |  |
|  |  | Need Inspection [ ]  Maintenance [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **9** | **Guarding/Lockout/Tagout** |  |  |  |
|  |  | Procedures Lacking[ ]  Unlabelled [ ]  Out of Service [ ]  No Warning Signage [ ]  Unguarded [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **10** | **Furniture** |  |  |  |
|  |  | Damage [ ]  Other: [ ]  | Note: | [ ]  |  |
|  | **11** | **Ergonomics** |  |  |  |
|  |  | Lifting [ ]  Repetitive movement [ ]  Vibration [ ] Extreme weather [ ]  Noise [ ] Workstation [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **12** | **Housekeeping** |  |  |  |
|  |  | Unorganized [ ]  Debris [ ]  Dusty [ ]  Garbage [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **13** | **Hygiene** |  |  |  |
|  |  | Washroom[ ]  Eating Areas [ ]  No Clean Drinking Water [ ]  No Designated Smoking Area [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **14**  | **Personal Protective Equipment (PPE)** |  |  |  |
|  |  | Training[ ]  Maintenance [ ]  Need Inspection/Replacement [ ]  Other [ ] : | Note:  | [ ]  |  |
|  | **15** | **Hazardous Substances** |  |  |  |
| **2** |  | No Label [ ]  Poorly Stored [ ]  No Spill kits [ ] Poor Ventilation [ ]  Uncontained Hazardous waste [ ]  SDS Older than 3 years [ ]  Other [ ] : | Note: | [ ]  | 3 |
|  | **16** | **Building Structures/ Property** |  |  |  |
|  |  | No Clear Escape Route [ ]  Mould [ ]  No Muster Station [ ]  Unsecured Entrance [ ]  Obstructed [ ]  Potholes [ ]  Garbage [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **17** | **First Aid**  |  |  |  |
|  |  | First Aid Station & Kit(S) [ ]  Records [ ] Eye Wash Stations [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **18** | **Certifications** |  |  |  |
|  |  | First Aid [ ]  Forklift [ ]  TDG [ ]  WHMIS [ ]  JHSC Training [ ]  Others [ ] : | Note: | [ ]  |  |
|  | **19** | **Vehicles**  |  |  |  |
|  |  | Maintenance [ ]  Need Inspection [ ] Other[ ] : | Note: | [ ]  |  |
|  | **20** | **Mobile Equipment** |  |  |  |
|  |  | Maintenance [ ]  Need Inspection [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **21** | **Safe Work Practices**  |  |  |  |
|  |  | Training [ ]  Supervision [ ]  Other [ ] : | Note: | [ ]  |  |
|  | **22** | **Other** |  |  |  |
|  |  | [ ]  | Note: | [ ]  |  |

|  |  |  |
| --- | --- | --- |
| ***No Hazards found in this Section/Area/Location*** | [ ]  |  |
| Inspected by: | Date:  | Time: |
| *Name* | Signature | *Name* | Signature |
| *Name* | Signature | *Name* | Signature |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Issues/Hazards Observed | Hazard Rating | Repeat (Y/N) | Assigned to | Due | Action | Comp. Date | Authority Signature |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |

**Report Findings**

|  |  |  |
| --- | --- | --- |
| Inspected by: | Date:  | Time: |
| *Name* | Signature | *Name* | Signature |
| *Name* | Signature | *Name* | Signature |