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. Check off hazard items that need attention/corrective action  **.**
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:** |  | 2  1 |
|  | **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| **4,5** |  | Fire Extinguishers  Fire Detection & Suppression  Lighting  Alarm  Other :   * Service Out of Date  Unmarked  Not Maintained  Obstructed  Other : | | Note: |  | 2 |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  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 |