



Workplace Health and Safety Checklist

| INSPECTION CHECKLIST | |
|-------------------------------------|--------------------------------------------------------------|
| MONTH | |
| INSPECTOR'S NAME | |
| POSTED DOCUMENTS | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Occupational Health and Safety Act |
| <input type="checkbox"/> | Health and Safety Policy |
| <input type="checkbox"/> | WHMIS Regulation |
| <input type="checkbox"/> | Appropriate Sector Regulations |
| <input type="checkbox"/> | Material Safety Data Sheets |
| <input type="checkbox"/> | Health and Safety Assessments |
| <input type="checkbox"/> | OHSА Explanatory Materials |
| <input type="checkbox"/> | Workplace Inspections |
| <input type="checkbox"/> | Emergency Services Numbers |
| <input type="checkbox"/> | First Aid Regulation 1101 |
| <input type="checkbox"/> | Form 82, In Case of Injury Poster |
| <input type="checkbox"/> | JHSC Meeting Minutes |
| <input type="checkbox"/> | Ministry of Labour Orders |
| <input type="checkbox"/> | Designated Substance Regulation (if applicable) |
| FIRST AID | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | First aid kits location and availability |
| <input type="checkbox"/> | Required components in first aid kits as per Regulation 1101 |
| <input type="checkbox"/> | Number of trained / qualified first aiders |
| <input type="checkbox"/> | First Aid Certificates posted |
| <input type="checkbox"/> | First Aid Kit inspection record |
| <input type="checkbox"/> | Stretcher and blanket(s) compliance |
| <input type="checkbox"/> | First Aid room compliance |



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| MONTH | |
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| GENERAL HOUSEKEEPING | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> Floors, aisles and stairs free of debris, water, ice and snow <input type="checkbox"/> Doors and aisles free of supplies and materials <input type="checkbox"/> Waste is collected and disposed of correctly <input type="checkbox"/> Carpets and tiled floors in good condition and free of trip hazards (inspect for loose or lifting carpeting and tiles) <input type="checkbox"/> Stair rails fastened to the wall and in good condition <input type="checkbox"/> Lighting levels at work stations adequate <input type="checkbox"/> Lighting levels in stairs and stairwells adequate | |
| OFFICE ERGONOMICS | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> Employee chairs in good condition and properly adjusted <input type="checkbox"/> Chairs have a minimum of 5 caster supports <input type="checkbox"/> The computer keyboard or lap top is positioned correctly for the employee <input type="checkbox"/> The computer mouse is within a comfortable reaching distance <input type="checkbox"/> Employees are able to keep their posture as relaxed and natural as possible at their work stations <input type="checkbox"/> Footrests, key board supports and document holders are used to avoid awkward postures <input type="checkbox"/> Material is stored in the filing cabinets starting at the floor drawer to prevent overloading and tipping <input type="checkbox"/> Filing cabinets and bookcases secured against tipping and falling <input type="checkbox"/> Desk and filing cabinet drawers are kept closed. | |



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| EMERGENCY EQUIPMENT | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Fire extinguishers available and the correct type for the office environment |
| <input type="checkbox"/> | The fire extinguishers been inspected within the last year by an authorized company |
| <input type="checkbox"/> | Fire extinguishers are inspected monthly |
| <input type="checkbox"/> | Emergency lighting tested monthly |
| <input type="checkbox"/> | Flammable and combustible materials are stored away from heat sources |
| <input type="checkbox"/> | Ensure items are not stored more than (minimum) 50 cm from the ceiling |
| <input type="checkbox"/> | Ensure fire extinguishers are not blocked |
| GENERAL INSPECTION | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Employees report incidents and hazards out of their control to their immediate supervisor or office manager |
| <input type="checkbox"/> | Visitors sign in and out |
| <input type="checkbox"/> | The emergency evacuation plan is posted for employees to review |
| <input type="checkbox"/> | Is there adequate lighting near all entrance and exit doors |
| <input type="checkbox"/> | Do you have an after - hours work policy, such as providing escorts to vehicles if requested |
| <input type="checkbox"/> | Practical emergency evacuation tested and documented yearly with recommendations. |
| WORKER OBSERVATIONS | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Ask 2-3 employees if they have any health and safety concerns |
| <input type="checkbox"/> | Verify that workers understand health and safety procedures such as emergency evacuations, location of first aid kit, JHSC members |
| <input type="checkbox"/> | Workers are using safe lifting techniques |
| <input type="checkbox"/> | No running or unsafe maneuvering |



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| MONTH | |
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| ELECTRICAL SAFETY | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Installed ground fault indicators are tested |
| <input type="checkbox"/> | Electrical cords are in good shape and have ground prongs if required |
| <input type="checkbox"/> | Octopus connectors are not used in electrical outlets |
| <input type="checkbox"/> | Ensure extension cords are not plugged into other extension cords |
| <input type="checkbox"/> | Ensure electrical panels are not blocked |
| <input type="checkbox"/> | CSA approved appliances are used in the kitchen or cafeteria |
| <input type="checkbox"/> | Space heaters will automatically shut off if tipped over (if used) |
| MACHINERY | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Pre-use inspection sheets are completed |
| <input type="checkbox"/> | Start-up controls functioning properly |
| <input type="checkbox"/> | Start-up controls not tie down functions are being circumvented |
| <input type="checkbox"/> | Guards are secured in place and functioning |
| <input type="checkbox"/> | Emergency stops identified and within easy reach of the operator |
| <input type="checkbox"/> | Adequate lighting to perform the jobs |
| <input type="checkbox"/> | Ergonomic operation in place (no excessive bending, twisting to operate equipment) |
| <input type="checkbox"/> | Noise levels within the 85 dBA OHS standard. |
| <input type="checkbox"/> | Indoor air quality systems functioning as required (adequate removal of fumes and solvent vapours from the room) |
| TOOLS | |
| <input checked="" type="checkbox"/> | Inspection Item |
| <input type="checkbox"/> | Cords do not have cuts or exposed wires |
| <input type="checkbox"/> | Plug are in good condition and ground prongs are present |
| <input type="checkbox"/> | Tools not in use are stored in their proper location |