



General Health and Safety Inspection Checklist

LOCATION:					INSPECTION TEAM:					INSPECTION DATE:							
#	OHS PROGRAM REVIEW	A	NI	NA			A	NI	NA	#		A	NI	NA			
1	OH&S Policy / Roles/Responsibilities Communicated and Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	First Aid Training current and adequate No. of trained staff available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	Combustible materials do not exceed 20% of wall surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Using Online Hazard Notification Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	Eyewash stations adequate and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDOOR ENVIRONMENTAL QUALITY (IEQ)							
3	Using Online Injury Reporting Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICALS/HAZARDOUS MATERIAL					42	Good entrance mats in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Accident/ Incident Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	WHMIS/TDG training current for applicable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	No visual evidence of mould or water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Worksite Hazard Assessments Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Current chemical inventory in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	Facility free of unpleasant odours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Working Alone procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	SDS accessible and contains all chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	Ventilation operational and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
GENERAL SAFETY					26	WHMIS supplier/worksite labels on all chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	Use of scented products restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Fall protection for elevated work areas > 3m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	Chemicals stored by compatibility and at or below eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Carpets cleaned at least annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Electrical cords, cover plates good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	Chemical spill kit on site (in room _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAZARD CONTROL							
9	Storage rooms, shelves, cabinets, and equipment etc. secure/clean/good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	Procedures for blood/body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	Fume hoods inspected / maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Boiler/mechanical/utility rooms kept locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	High noise areas identified and measured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	Local exhaust ventilation (e.g. dust collectors) inspected and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Adequate lighting interior and exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	No accumulations of hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	Hoists, lifts, elevators inspected / maintained annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Stairways/floors/aisles unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE PREVENTION					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	Floor cleaning equipment maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Building free of accumulations of dust, debris or combustible materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Drills documented in Red Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	Guards and safety devices in place on moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Walking/standing surfaces free of openings slipping and tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Monthly checks documented in Red Book				53	Approved respiratory protection on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Mechanical/boiler rooms labelled as restricted areas and not used for storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	All staff are aware of their school emergency responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	Respiratory fit test complete for respirator users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Confined spaces identified and labelled (e.g. crawlspaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Fire exits unobstructed/clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	Approved eye, hearing, hand and skin protection on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
FIRST AID / EMERGENCY PREPAREDNESS					36	Propane and gasoline storage outside building in approved storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	Hearing tests done bi-annually for staff exposed to noise. (e.g. shop and music teachers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Emergency preparedness plan current and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Flammable / acid materials stored in approved containers/cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	Playgrounds inspected annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Staff, Volunteer and School Guest ID being worn by everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	No accumulation of combustibles in classrooms / mechanical areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	Building exterior and grounds free of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	First Aid Kits – adequate No. & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Fire extinguishers clearly marked, inspected monthly and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER							
20	Student injuries reported online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Fire evacuation procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

See attached "Health and Safety Inspection Report" for additional comments and recommendations.

NOTE: "A" means Acceptable; "NI" means Needs Improvement; "NA" means Not Applicable or unable to assess during this inspection
 Additional checklists on other specific areas / operations (e.g. shops, CTS labs, science labs, etc.) are available online



HEALTH AND SAFETY INSPECTION REPORT

Recommended areas for improvement are documented below. Establish priorities for corrective action based on the hazard rating (A, B or C). Give first priority to items that have the most serious consequence and highest probability of occurrence.

Location:			Inspection Date:		
Inspection Team:			Site Senior Administrator:		
Item ³ No.	Unsafe condition / practice and recommendations	Hazard Rating ⁴ A, B, C	Required Action(s) / Person Responsible	Target Date	Status
Part 1 (Completed by Inspection Team)			Part 2 (Completed by Site Senior Administrator)		
Additional Comments:					

³ Corresponds to the item No. listed on the *General Health and Safety Inspection Checklist*

“A”: Hazard or condition has the potential to result in loss of life, body part, and / or extensive loss of equipment or materials. E.g. working near a roof edge without fall protection. This often involves imminent danger and such activities or condition should discontinue or be immediately corrected.

“B”: Hazard or condition has the potential for causing a serious or injury, illness. E.g. electrical outlets with no cover plates. Priority is urgent. Take action as soon as possible.

“C”: Hazard or condition has potential for causing non-disruptive property damage. Priority is not urgent but hazard should be eliminated as soon as reasonably practical.

Liaison Superintendent Deficiencies noted	Date:
Liaison Superintendent Work is complete	Date: