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**How to use this checklist:**

The goal of a checklist is to be specific to your work site. The following is a premade checklist, items on the ***Checklist Items*** column (far left) should be altered in the following ways before being used:

1. Some of the checklist items will not apply to the area in your facility. If this is the case – **remove them.**
2. Some checklist items may apply to the area but are not health and safety concerns – **remove them.**
3. There are things not included on this checklist that are important for the health and safety of people in the area specific to your facility – **add them**. (ensure that yes is the desired response)

If your workplace uses an emergency code system, be sure to explore different codes each inspection. While doing the inspection, look for positive health and safety observations that can be communicated and shared. This is an important part of inspecting and is needed to properly fill out the inspection report.

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**Sample Inspection Checklist – General and Common Areas**

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| --- |
| **INSPECTION Checklist – General and Common Areas** |
| Inspection Team:  | Date:  |
|  |
|  |
| **Before inspecting the area:*** Read previous Inspection Report, follow up on any actions taken
* Review any incidents since the last inspection and follow up on corrective actions
* View the Hazard Assessments and controls to observe during the inspection
 |
| **Checklist Item** | **Item Fulfilled?** | **Action Required** |
| **Yes** | **No** |
| 1. **OHS Documents**
 |
| Is the Health and Safety Policy displayed? |  |  |  |
| Are staff aware of their health and safety responsibilities? |  |  |  |
| Are Safe Work Procedures and hazard assessment available?  |  |  |  |
| Are Health & Safety manuals available?  |  |  |  |
| Is a current copy of the OHS Legislation available?  |  |  |  |
| Are staff aware of any legislation that affects their work? |  |  |  |
| Is there evidence that the Joint Worksite Health and Safety Committee meets quarterly? |  |  |  |
| Are Joint WHS Committee members’ / Health & Safety Representative contact information posted in a prominent location?  |  |  |  |
| Is the Health & Safety board up to date?* Recent minutes
* Current posters
* Recent inspection report
* Recent investigations findings

First aiders on site |  |  |  |
| Are staff aware of the 3 rights of workers?* Right to Know
* Right to Participate

Right to Refuse |  |  |  |
| 1. **First Aid**
 |
| Are required first aid supplies available and fully stocked? |  |  |  |
| Is the location of the first aid kit marked? |  |  |  |
| 1. **Emergency Response**
 |
| Have fire extinguishers been checked in the previous month? |  |  |  |
| Are the locations of extinguishers, hose cabinets, fire blankets, pull stations, and alarm panels identified? |  |  |  |
| Are employees trained in the location and use of fire equipment? (Locate 2 employees and ask to identify nearest fire equipment) |  |  |  |
| Are fire doors clear of obstructions and in good working condition? |  |  |  |
| Are exit signs lit? |  |  |  |
| Are “No Smoking” rules enforced throughout the facility? |  |  |  |
| Are staff knowledgeable in emergency response procedures? (Locate 2 employees and ask what to do if they hear Code \_\_\_\_\_\_).  |  |  |  |
| 1. **Access/Egress**
 |
| **Access/Egress** |  |  |  |
| Are all hallways clear and uncluttered? |  |  |  |
| Are all resident rooms accessible with no obstructions? |  |  |  |
| Are stairs in good repair and free of clutter (including landings)? |  |  |  |
| Is exit signage highly visible and lit? |  |  |  |
| Are floors kept dry?  |  |  |  |
| Are floors free of lifts, ripples and/or anything that would present a tripping hazard? |  |  |  |
| Are external doorways well maintained and clear of obstructions? |  |  |  |
| Is the visitor log available at the main entrance?  |  |  |  |
| 1. **Lighting**
 |
| Are work areas well lit? |  |  |  |
| Do all areas that need task lighting have it available? |  |  |  |
| Are emergency lights operational? |  |  |  |
| 1. **Waste Disposal**
 |
| Are garbage bins accessible and not overfilled?  |  |  |  |
| Are staff aware of how to empty the garbage bin safely? Locate an employee and ask how.  |  |  |  |
| 1. **Personal Protective Equipment**
 |
| Is personal protective equipment readily available? |  |  |  |
| Are employees using PPE as appropriate to their current tasks? |  |  |  |
| 1. **Storage Rooms**
 |
| Are storage rooms uncluttered and free of trip hazards? |  |  |  |
| Are storage rooms locked when not in use? |  |  |  |
| Is there a ladder/step stool available? |  |  |  |
| Are heavy items stored below waist? |  |  |  |
| Are spill-able items stored below eye level? |  |  |  |
| Are materials stored 18” below sprinkler heads? |  |  |  |
| 1. **Chemical Hazards**
 |
| Do all chemical products available have a supplier or workplace label? |  |  |  |
| Are Safety Data Sheets (SDS) for the chemical products easily accessible?  |  |  |  |
| Can staff describe what PPE they need to use for a given chemical? |  |  |  |
| Are eye wash stations available? |  |  |  |
| 1. **Other Work Site Parties**
 |
| Are all other work site parties complying with [Site Name] health & safety standards and the OHS Act, Regulations and Code? |  |  |  |
| Food Services |  |  |  |
| Laundry Services  |  |  |  |
| Hair Salon |  |  |  |
| Tuck shop / Pharmacy |  |  |  |
| Home Care |  |  |  |
| Insert Other work site parties that are working permanently or temporarily at [Site Name]:*
*
*
*
 |  |  |  |
| **Additional Observations** |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Positive Safety Observations**  |
|  |
|  |
|  |

|  |
| --- |
| Review Inspection findings with: |
|  | Signature | Date |
| **Dept Supervisor/Manager** |  |  |
| **HSC** |  |  |