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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 – Maintenance Grounds**

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| **INSPECTION Checklist – Maintenance Grounds** |
| Inspection Team:  | Date:  |
|  |
|  |
| **Before inspecting the area:*** Read previous Inspection Report, follow up on any actions taken
* Review any incidents/changes 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** |
| **A. Maintenance Office:** |
| Is the work area free of clutter or other hazards? |  |  |  |
| Are floors clear of any slip / trip hazards? |  |  |  |
| Are garbage / recycle containers emptied regularly? |  |  |  |
| Is office equipment in good working condition? (chairs, desk, filing cabinets, countertops) |  |  |  |
| Are heavy items stored in such a way so that staff don’t need to reach overhead for them?  |  |  |  |
| Are work areas well lit? |  |  |  |
| Are electrical cords secured along the floor or bundled to prevent tripping? |  |  |  |
| Is all electrical equipment grounded? (Have the 3 prongs) |  |  |  |
| Are all computers equipped with surge protection? |  |  |  |
| Are electrical cords and /or plugs in good condition? (no fraying) |  |  |  |
| Are plug-ins overloaded? |  |  |  |
| Are staff able to describe emergency procedure? (Code of the month) |  |  |  |
| Are staff utilizing proper body mechanics while working? |  |  |  |
| Is the workspace designed in such a way that staff can use correct body ergonomics? |  |  |  |
| Are staff aware of the Violence and Harassment Prevention Plan? |  |  |  |
| **B. Workshop/Garage Area:** |
| Is the work area free of clutter or other hazards? |  |  |  |
| Are floors clear of any slip / trip hazards? |  |  |  |
| Are garbage / recycle containers emptied regularly? |  |  |  |
| Is equipment in good working condition?  |  |  |  |
| Are heavy items stored in such a way so that staff don’t need to reach overhead for them?  |  |  |  |
| Are work areas well lit? |  |  |  |
| Are electrical cords secured along the floor or bundled to prevent tripping? |  |  |  |
| Is all electrical equipment grounded? (Have the 3 prongs) |  |  |  |
| Is all electrical equipment equipped with surge protection? |  |  |  |
| Are electrical cords and /or plugs in good condition? (no fraying) |  |  |  |
| Are plug-ins overloaded? |  |  |  |
| Are staff able to describe emergency procedure? (Codes) |  |  |  |
| Are staff utilizing proper body mechanics while working? |  |  |  |
| Is the workspace designed in such a way that staff can use correct body ergonomics? |  |  |  |
| Is area sanitized on a regular basis?  |  |  |  |
| Are staff aware of the Violence and Harassment Prevention Plan and could they deal with an aggressive visitor? |  |  |  |
| **C. Storage/Shed closets:** |
| Are storage rooms uncluttered? |  |  |  |
| Are heavy items stored below waist level? |  |  |  |
| Are ladders or stools available for reaching? |  |  |  |
| Are storage rooms well lit? |  |  |  |
| **D. Boiler Rooms** |
| Floors are in good condition and free from trip/slip hazards? Cables, tools, oil/grease for example |  |  |  |
| Any low hanging pipes or structures are clearly marked? Is there a hard hat available? |  |  |  |
| Noise levels are acceptable or hearing protection is readily available? |  |  |  |
| The temperature in the room is appropriate? |  |  |  |
| **E. External Grounds** walk the entire grounds and property border |
| Pathways are all even and clear of trip hazards / ice? |  |  |  |
| Ice melt / snow clearing equipment is available? |  |  |  |
| Are fire exits clear with a clear path to escape the building? |  |  |  |
| Smoking areas are clear and cigarette stubs extinguished properly and emptied regularly? |  |  |  |
| Are parking areas kept free of ice, gravel, potholes, cracks? |  |  |  |
| Is access kept clear for emergency vehicles? |  |  |  |
| Is the building secure from intruders and unwanted visitors? |  |  |  |
| Is lighting at night adequate to allow people safe passage to and from vehicles? |  |  |  |
| Are staff performing grounds work following safe work practices? |  |  |  |
| Are staff working outside wearing appropriate PPE? (ear/eye protection, cold weather gear, sunscreen, hat, cleats or snow boots) |  |  |  |
| **F. High Risk Activities** |
| Are hot work permits issued when required? |  |  |  |
| Are safe work permits issued when working in confined spaces? |  |  |  |
| Are Field Level Risk Assessments completed before any high-risk tasks? |  |  |  |
| Is a Notice of Project filed with OHS prior to any work with Asbestos and the Alberta Abatement Manual followed by qualified staff? |  |  |  |
| Is fall protection used when working at heights? |  |  |  |
| Is power locked out when working with live electricity? |  |  |  |
| **G. Other Work Site Parties** |
| Are all contractors working on site following safe work practices and complying with [site name] health and safety standards as well as the OHS Act, Regulations and Code? |  |  |  |
| **Additional Observations:** |
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| **Positive Safety Observations**  |
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| Review Inspection findings with: |
|  | Signature | Date |
| **Dept Supervisor/Manager** |  |  |
| **HSC** |  |  |