
 Rainy River District Social Services Administration Board	SECTION: Health & Safety
	POLICY TITLE: Inspections Managers/Supervisors/Workers
ORIGINAL DATE: March, 2012	POLICY AREA: Inspections
REVISION DATE: July, 2014	POLICY NO: HS-3.0
NEXT REVIEW DATE: July, 2018	APPROVED BY: 

Policy

This procedure provides a format for ensuring that workplace inspections are conducted and consistent. This standard applies to all areas of the workplace.

Definition

Inspector - Refers to management, supervisors, workers, operators and members of the Joint Health & Safety Committee. It does NOT refer to a Ministry of Labour (MOL) inspector.

Procedure

1. Inspectors will use the following tools to conduct appropriate inspections:
 - a) walk through Inspection Instructions;
 - b) inspection checklist;
 - c) inspection worksheet;
 - d) previous inspection report(s); and
 - e) incident/injury reports to review, if needed, corrective action that has been taken.
2. Establish an annual documented schedule for workplace inspections.
3. Any hazards or unsafe conditions observed while conducting the inspection are corrected, immediately, if possible. This includes notifying the manager/supervisor of the area where the hazard was identified and recording the notification on the inspection worksheet.
4. A minimum of 2 employee contacts or observation(s) of activities will be conducted during each workplace inspection, if possible. Results of the inspections are to be documented on the Workplace Inspection Checklist.

Checklists and schedules are available on the Rainy River District Social Services Administration Board's (RRDSSAB) website in the staff area.

5. Those conducting the inspection must sign the original completed inspection worksheet.
6. Completed inspection reports are posted on the health and safety board within one week after the inspection has been completed.
7. After the inspection is completed:
 - a) The inspector(s) will forward the original, completed worksheet and checklist to senior management within one week of the date of inspection;
 - b) Senior management will in turn review, sign and, forward copies to each appropriate supervisor(s) or manager(s) to take action on the identified items;
 - c) The inspector establishes a timeframe to correct hazards subject to review by senior management;
 - d) Each manager, by forwarding an updated Monthly Inspection Worksheet, notifies senior management of action taken to resolve the identified hazard and the date of resolution;
 - e) The manager will report the status of their required action at the manager's meeting the month following the inspection;
 - f) Senior management receives a copy of the updated and completed Worksheet;
 - g) Any action points still outstanding at the manager's meeting require an action plan with a proposed date for resolution;
 - h) If a new hazard is identified, it must be rated (HML – see definitions found on the Hazard Identification Form), and recommendations for corrective action developed including assigned timeframes, documentation (who, what, when) and a follow up documented report; and
 - i) Specific inspection schedules with dates and participants will be documented and posted.
8. Inspection reports will be retained for a period of 2 years plus current year.

Roles & Responsibilities

CAO

Conduct and record an annual workplace inspection through one of the following or an equivalent method:

- a) personal tour of the workplace;
- b) inspect with supervisors;
- c) inspect with the Joint Occupational Health and Safety Committee (JOHSC);
- d) should concentrate on critical or important health and safety items (not a comprehensive inspection);
- e) executive management responsibilities CAN NOT be delegated to someone else; and
- f) review all other workplace inspections.

Managers

Conduct and record quarterly workplace inspections of their assigned work areas. Review all workplace inspections conducted by supervisors and the JOHSC Worker Members.

Supervisors

Conduct and record weekly workplace inspections of their assigned work areas, (plant, yard, shop, etc). Review all workplace inspections conducted by the JOHSC Worker Members.

Joint Occupational Health and Safety Committee Members

Conduct and record monthly workplace inspections per the JOHSC schedule prepared annually.

- a) Forward inspections to Health & Safety Coordinator for review and inclusion at JOHSC meeting.
- b) Immediately bring any concerns to supervisor or manager of area inspected if the concern cannot be corrected.



Hazard Identification Form

Name of Employee: _____
Reported to: _____
Working Location: _____
Date of Report: _____

Report of Hazard
Location of Hazard:

Please describe the hazard:

Please describe the safety issue:

Rate Hazard Class using the criteria listed below: _____

Hazard Class	Description
"H" (major)	High risk (immediately dangerous to life and health)
"M" (moderate)	Medium risk (medium term potential for non-life threatening injury)
"L" (minor)	Low risk (long term potential for slight injury or illness)

If this is a repeat issue, whom have you report it before?

Recommendations (what, responsibilities, time frames):

Actions taken/Responses given:

Purpose

The purpose of this document is to outline a procedure to follow when reporting hazards.

Scope

This procedure applies to all employees of the Rainy River District Social Services Administration Board (RRDSSAB), and is to be used when a potential or actual hazardous condition/act is identified.

Definitions: Hazardous Condition / Act:

Unsafe Act: Are behaviours, which could lead to an accident/incident.

Examples of unsafe acts can include using equipment in an unsafe or careless manner or not using personal protective equipment as required.

Unsafe Condition: Are circumstances which could allow the accident to occur.

Examples of unsafe conditions can include inadequate, improper or lack of guarding, slippery work surfaces, electrical grounding requirements not observed, or containers that are not labeled.

Standards / Procedures

- An observed hazardous condition/act must be reported immediately to a Supervisor/Manager
- Using the Hazard Identification Form detail the hazard(s) or area of concern as well as the location of the hazard(s).
- All actions (responses) must be followed up to ensure they are completed

Roles and Responsibilities

Employee

- Is responsible to report immediately to his/her Manager/Supervisor, the existence of any hazardous condition/act which he or she is aware.
- Is responsible to fill in the Hazard Identification Form reporting the hazardous condition/act.

Supervisor/Manager

- Is responsible to rate all hazards as major, moderate or minor hazards.
- To ensure that any hazardous conditions or acts are followed up on a timely basis.
- To ensure that all the action(s) are completed.
- To ensure that copies of the Hazard Identification Form are distributed to the Health and Safety Coordinator, and Human Resources.

Health & Safety Coordinator

- Act as a resource for identifying hazards and may assist in implementation of controls.
- Will follow-up with the Manager/Supervisor and/or worker to ensure that all actions have been completed.
- Review completed Hazard Identification Form to identify any other improvements, corrective action or proactive initiatives.

Communication / Training

Communication of the hazard reporting procedure will be done with all employees during new employee orientation and as identified by the Manager/Supervisor.

The Health and Safety Coordinator will monitor the use of the Hazard Identification Form and, if needed, training in its use will be provided to employees as required.

Evaluation

Evaluation of this procedure and the Hazard Identification Form will be done as required.

Rainy River District Social Services Administration Board

SUPERVISOR WORKPLACE INSPECTION



- Floor Plan Reviewed
- Incident / Illness / Accident Investigation Reports & Hazard Analysis Reviewed
- Other Inspection Reports/ Recommendations reviewed
- MSDS sheets and chemical inventory reviewed
- Equipment inventory reviewed

Name of Supervisor: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>List action taken i.e. who, what, when</small>	DATE RESOLVED
HOUSEKEEPING:					
Traffic areas are clear from trip/slip hazards					
Waste has been deposited in proper containers					
<i>Floor cleaning:</i> "Wet" signs are posted					
The floor is free from obvious puddles					
Cleaning is done at low traffic periods					
ENVIRONMENT:					
Outdoor sidewalks and parking lots are maintained					
Lawns are maintained					
Outside/Inside entrances are unobstructed and maintained					
Glass doors are clearly identified					
Stairwells are clear of obstacles and in good condition					
Floor surfaces are even (tiles, carpets)					
Broken equipment has been tagged & locked out of service					
The temperature & lighting are adequate					
Ventilation systems are working					
Machine guards are in place					
There are no sharp edges, points, splinters on furniture					
Handrails are secure					
Wheeled equipment moves easily					
Drawers & cupboards are kept closed					
Ceiling tiles free from water damage					

Area(s) Inspected: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN List action taken i.e. who, what, when	DATE RESOLVED
Aisles, doorways are free of objects					
Chair legs and casters are stable					
ERGONOMICS:					
Heavy items are stored below shoulder height					
Lifting/moving devices are in good working order					
Lifting/moving devices are readily available					
Team lift used as needed					
Stepping stools/ladders are available as needed					
PERSONAL PROTECTIVE EQUIPMENT:					
All staff wear PPE (masks, gloves, eye protection)					
All staff wear proper foot wear					
ER showers/eye wash are available and filled with appropriate liquid					
Spill kits are available, where required					
TOOLS & EQUIPMENT:					
Tools/ladders inspected					
Guards in place					
Proper tool used for task					
BIOLOGICAL:					
Sharps are disposed of appropriately					
Sharps containers are placed appropriately					
Disposal containers are filled appropriately (not overfilled)					
WHMIS/CHEMICALS:					
All chemical products are labeled (including decanted products with a Workplace Label)					
Chemicals are properly stored					
MSDS binders are readily available					
There are MSDS for all chemicals					
Gas cans are transported & stored appropriately					
ELECTRICAL:					
Electrical cords are in good working order (not frayed, exposed or used as an “octopus”)					
<i>Permanent</i> extension cords are not to be used. Is the area free of extension cords being used on a long-term basis?					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN List action taken i.e. who, what, when	DATE RESOLVED
Emergency exit and back-up lighting batteries are checked and functioning appropriately					
Electrical tools are properly grounded or double insulated					
Lockout/tagout used					
If cords are placed across walkways they are covered by runners or taped					
FIRE SAFETY:					
Fire Extinguisher pins are in tact and sealed					
Daily, weekly, monthly logs completed					
Monthly check of extinguishers is completed and Initialed					
Fire exits are visible & unobstructed					
Smoke detectors working in vacant units					
Flammable liquids match MSDS Sheet					
Flammable liquids are labeled & stored properly					
Fire doors are kept closed (not wedged open)					
FIRST AID KITS:					
Monthly check of FA kits is completed and Initialed					
EMERGENCY PLANNING/SECURITY:					
Staff know lock out procedures					
Emergency exit floor plans are posted					
Doors are locked, as required					
Cell phone on person					
Sharp/Harmful objects are stored out of reach of patients, clients, tenants, visitors and employees					
Activities Observed and Names of Staff interviewed:	Comments/Observations				
Previous unresolved Hazards:	Describe/Rating				

Comments:

Inspection Conducted by: _____
Print Name

Signature

Date Inspection Conducted: _____

for the month of: _____, **20**_____

Director Approval

All identified areas of concern listed on this inspection have been rectified and documented above: Yes No

Director Name:

Director Signature:

Date:

Rainy River District Social Services Administration Board

MANAGER WORKPLACE INSPECTION



- Floor Plan Reviewed
- Incident / Illness / Accident Investigation Reports & Hazard Analysis Reviewed
- Other Inspection Reports/ Recommendations reviewed
- MSDS sheets and chemical inventory reviewed
- Equipment inventory reviewed

Name of Manager: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
HOUSEKEEPING:					
Traffic areas are clear from trip/slip hazards					
Waste has been deposited in proper containers					
<i>Floor cleaning:</i> "Wet" signs are posted					
The floor is free from obvious puddles					
Cleaning is done at low traffic periods					
ENVIRONMENT:					
Outdoor sidewalks and parking lots are maintained					
Outside/Inside entrances are unobstructed and maintained					
Glass doors are clearly identified					
Stairwells are clear of obstacles and in good condition					
Floor surfaces are even (tiles, carpets)					
Broken equipment has been tagged & locked out of service					
The temperature & lighting are adequate					
Ventilation systems are working					
Machine guards are in place					
There are no sharp edges, points, splinters on furniture					
Handrails are secure					
Wheeled equipment moves easily					
Drawers & cupboards are kept closed					

Area Inspected:
 Rainy River Amb. Base
 Emo Amb. Base
 Fort Frances Amb. Base
 Atikokan Amb. Base
 450 Scott Street Office, Fort Frances
 Rawn Road Centre Office, Atikokan
 Housing Manor Name: _____ (include) Housing Location/Town: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
Food & drugs are stored in separate fridges					
Ceiling tiles free from water damage					
Aisles, doorways are free of objects					
File cabinets drawers are kept closed					
Chair legs and casters are stable					
Sharp office tools have safety covers					
Paper cutter stored with blade down					
ERGONOMICS:					
Heavy items are stored below shoulder height					
Lifting devices are in good working order					
Lifting devices are readily available					
Computers are at correct height with no glare on screens					
Chairs are adjustable with a firm base					
Stepping stools/ladders are available as needed					
PERSONAL PROTECTIVE EQUIPMENT					
All staff wear PPE (masks, gloves, eye protection)					
All staff wear proper foot wear					
ER showers/eye wash are available and filled with appropriate liquid					
Spill kits are available, where required					
BIOLOGICAL					
Sharps are disposed of appropriately					
Sharps containers are placed appropriately					
Disposal containers are filled appropriately (not overfilled)					
Safety engineered medical devices SEMD (i.e. needles) are being used and disposed of properly					
WHMIS/CHEMICALS:					
All chemical products are labeled (including decanted products with a Workplace Label)					
Chemicals are properly stored					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
MSDS binders are readily available					
There are MSDS for all chemicals					
Gas cylinders are transported & stored appropriately					
ELECTRICAL:					
Electrical cords are in good working order (not frayed, exposed or used as an “octopus”)					
<i>Permanent</i> extension cords are not to be used. Is the area free of extension cords being used on a long-term basis?					
Emergency exit and back-up lighting batteries are checked and functioning appropriately					
Electrical tools are properly grounded or double insulated					
Computer & electrical cords are secure under desks or along baseboards					
If cords are placed across walkways they are covered by runners or taped					
FIRE SAFETY:					
Fire Extinguisher pins are in tact and sealed					
Monthly check of extinguishers is completed and Initialed					
Fire exits are visible & unobstructed					
Wheeled equipment is properly stored (i.e. wheels locked and on one side of hallway)					
Flammable liquids match MSDS Sheet					
Flammable liquids are labeled					
Fire doors are kept closed (not wedged open)					
FIRST AID KITS:					
FA kits are inspected and card is Initialed					
EMERGENCY PLANNING/SECURITY:					
Staff know ER plans for Community					
Staff know lock out procedures					
Emergency exit floor plans are posted					
Doors are locked, as required					
Purses/valuables are secured					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
Personal security devices are tested (i.e. Auto-call Security Pendants are tested)					
Sharp/Harmful objects are stored out of reach of patients, clients, tenants, visitors and employees					
Activities Observed and Names of Staff interviewed:	Comments/Observations				
Previous unresolved Hazards:	Describe/Rating				

Comments:

Inspection Conducted by: _____
Print Name

Manager's Signature

Date Inspection Conducted: _____ for the year: _____, Quarter: Q1 Q2 Q3 Q4

CAO Approval

All identified areas of concern listed on this inspection have been rectified and documented above: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAO Name: Dan McCormick	CAO Signature:	Date:

Rainy River District Social Services Administration Board

CAO WORKPLACE INSPECTION



- Floor Plan Reviewed
- Incident / Illness / Accident Investigation Reports & Hazard Analysis Reviewed
- Other Inspection Reports/ Recommendations reviewed (i.e. Other Management/JOHSC)
- MSDS sheets and chemical inventory reviewed
- Equipment inventory reviewed

Name of CAO: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
HOUSEKEEPING:					
Traffic areas are clear from trip/slip hazards					
Waste has been deposited in proper containers					
<i>Floor cleaning:</i> "Wet" signs are posted					
The floor is free from obvious puddles					
Cleaning is done at low traffic periods					
ENVIRONMENT:					
Outdoor sidewalks and parking lots are maintained					
Outside/Inside entrances are unobstructed and maintained					
Glass doors are clearly identified					
Stairwells are clear of obstacles and in good condition					
Floor surfaces are even (tiles, carpets)					
Broken equipment has been tagged & locked out of service					
The temperature & lighting are adequate					
Ventilation systems are working					
Machine guards are in place					
There are no sharp edges, points, splinters on furniture					
Handrails are secure					
Wheeled equipment moves easily					
Drawers & cupboards are kept closed					

Area Inspected:
 Rainy River Amb. Base
 Emo Amb. Base
 Fort Frances Amb. Base
 Atikokan Amb. Base
 450 Scott Street Office, Fort Frances
 Rawn Road Centre Office, Atikokan
 Housing Manor Name: _____ (include) Housing Location/Town: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
Food & drugs are stored in separate fridges					
Ceiling tiles free from water damage					
Aisles, doorways are free of objects					
File cabinets drawers are kept closed					
Chair legs and casters are stable					
Sharp office tools have safety covers					
Paper cutter stored with blade down					
ERGONOMICS:					
Heavy items are stored below shoulder height					
Lifting devices are in good working order					
Lifting devices are readily available					
Computers are at correct height with no glare on screens					
Chairs are adjustable with a firm base					
Stepping stools/ladders are available as needed					
PERSONAL PROTECTIVE EQUIPMENT					
All staff wear PPE (masks, gloves, eye protection)					
All staff wear proper foot wear					
ER showers/eye wash are available and filled with appropriate liquid					
Spill kits are available, where required					
BIOLOGICAL					
Sharps are disposed of appropriately					
Sharps containers are placed appropriately					
Disposal containers are filled appropriately (not overfilled)					
Safety engineered medical devices SEMD (i.e. needles) are being used and disposed of properly					
WHMIS/CHEMICALS:					
All chemical products are labeled (including decanted products with a Workplace Label)					
Chemicals are properly stored					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
MSDS binders are readily available					
There are MSDS for all chemicals					
Gas cylinders are transported & stored appropriately					
ELECTRICAL:					
Electrical cords are in good working order (not frayed, exposed or used as an “octopus”)					
<i>Permanent</i> extension cords are not to be used. Is the area free of extension cords being used on a long-term basis?					
Emergency exit and back-up lighting batteries are checked and functioning appropriately					
Electrical tools are properly grounded or double insulated					
Computer & electrical cords are secure under desks or along baseboards					
If cords are placed across walkways they are covered by runners or taped					
FIRE SAFETY:					
Fire Extinguisher pins are in tact and sealed					
Monthly check of extinguishers is completed and Initialed					
Fire exits are visible & unobstructed					
Wheeled equipment is properly stored (i.e. wheels locked and on one side of hallway)					
Flammable liquids match MSDS Sheet					
Flammable liquids are labeled					
Fire doors are kept closed (not wedged open)					
FIRST AID KITS:					
FA kits are inspected and card is Initialed					
EMERGENCY PLANNING/SECURITY:					
Staff know ER plans for Community					
Staff know lock out procedures					
Emergency exit floor plans are posted					
Doors are locked, as required					
Purses/valuables are secured					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
Personal security devices are tested (i.e. Auto-call Security Pendants are tested)					
Sharp/Harmful objects are stored out of reach of patients, clients, tenants, visitors and employees					
Activities Observed and Names of Staff interviewed:	Comments/Observations				
Previous unresolved Hazards:	Describe/Rating				

Comments:

Inspection Conducted by: _____
Print Name

CAO's Signature

Date Inspection Conducted: _____

for the year: _____

CAO ENDORSEMENT

All identified areas of concern listed on this inspection have been rectified and documented above: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAO Name: Dan McCormick	CAO Signature:	Date:

Rainy River District Social Services Administration Board

JOHSC WORKPLACE INSPECTION



- Floor Plan Reviewed
- Incident / Illness / Accident Investigation Reports & Hazard Analysis Reviewed
- Other Inspection Reports/ Recommendations reviewed (i.e. Management / JOHSC)
- MSDS sheets and chemical inventory reviewed
- Equipment inventory reviewed

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <small>H&S Coordinator to complete</small> List action taken i.e. who, what, when	DATE RESOLVED
HOUSEKEEPING:					
Traffic areas are clear from trip/slip hazards					
Waste has been deposited in proper containers					
<i>Floor cleaning:</i> "Wet" signs are posted					
The floor is free from obvious puddles					
Cleaning is done at low traffic periods					
ENVIRONMENT:					
Outdoor sidewalks and parking lots are maintained					
Outside/Inside entrances are unobstructed and maintained					
Glass doors are clearly identified					
Stairwells are clear of obstacles and in good condition					
Floor surfaces are even (tiles, carpets)					
Broken equipment has been tagged & locked out of service					
The temperature & lighting are adequate					
Ventilation systems are working					
Machine guards are in place					
There are no sharp edges, points, splinters on furniture					
Handrails are secure					
Wheeled equipment moves easily					
Drawers & cupboards are kept closed					

Area Inspected:
 Rainy River Amb. Base Emo Amb. Base Fort Frances Amb. Base Atikokan Amb. Base
 450 Scott Street Office, Fort Frances Rawn Road Centre Office, Atikokan
 Housing Manor Name: _____ (include) Housing Location/Town: _____

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
Food & drugs are stored in separate fridges					
Ceiling tiles free from water damage					
Aisles, doorways are free of objects					
File cabinets drawers are kept closed					
Chair legs and casters are stable					
Sharp office tools have safety covers					
Paper cutter stored with blade down					
ERGONOMICS:					
Heavy items are stored below shoulder height					
Lifting devices are in good working order					
Lifting devices are readily available					
Computers are at correct height with no glare on screens					
Chairs are adjustable with a firm base					
Stepping stools/ladders are available as needed					
PERSONAL PROTECTIVE EQUIPMENT					
All staff wear PPE (masks, gloves, eye protection)					
All staff wear proper foot wear					
ER showers/eye wash are available and filled with appropriate liquid					
Spill kits are available, where required					
BIOLOGICAL					
Sharps are disposed of appropriately					
Sharps containers are placed appropriately					
Disposal containers are filled appropriately (not overfilled)					
Safety engineered medical devices SEMD (i.e. needles) are being used and disposed of properly					
WHMIS/CHEMICALS:					
All chemical products are labeled (including decanted products with a Workplace Label)					
Chemicals are properly stored					

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
MSDS binders are readily available					
There are MSDS for all chemicals					
Gas cylinders are transported & stored appropriately					
ELECTRICAL:					
Electrical cords are in good working order (not frayed, exposed or used as an “octopus”)					
<i>Permanent</i> extension cords are not to be used. Is the area free of extension cords being used on a long-term basis?					
Emergency exit and back-up lighting batteries are checked and functioning appropriately					
Electrical tools are properly grounded or double insulated					
Computer & electrical cords are secure under desks or along baseboards					
If cords are placed across walkways they are covered by runners or taped					
FIRE SAFETY:					
Fire Extinguisher pins are in tact and sealed					
Monthly check of extinguishers is completed and Initialed					
Fire exits are visible & unobstructed					
Wheeled equipment is properly stored (i.e. wheels locked and on one side of hallway)					
Flammable liquids match MSDS Sheet					
Flammable liquids are labeled					
Fire doors are kept closed (not wedged open)					
FIRST AID KITS:					
<p>First Aid Kits are to be inspected on a quarterly basis. Given our rotational JOHSC inspections, each time you conduct an inspection you Must Check the First Aid Kit and record it here.</p>			<p><input type="checkbox"/> Kit tie-wrap secured; or <input type="checkbox"/> First Aid Kit Checked</p> <p>Checked by: _____</p> <p>Date: _____</p>		

AREA INSPECTED	Yes	No	List hazard, location & rate H M L	ACTION TAKEN <i>H&S Coordinator to complete</i> List action taken i.e. who, what, when	DATE RESOLVED
EMERGENCY PLANNING/SECURITY:					
Staff know ER plans for Community					
Staff know lock out procedures					
Emergency exit floor plans are posted					
Doors are locked, as required					
Purses/valuables are secured					
Personal security devices are tested (i.e. Auto-call Security Pendants are tested)					
Sharp/Harmful objects are stored out of reach of patients, clients, tenants, visitors and employees					
Activities Observed and Names of Staff interviewed:	Comments/Observations				
Previous unresolved Hazards:	Describe/Rating				

Comments:

Inspection Conducted by: _____
Print Name

Signature

Date Inspection Conducted: _____

for the month of: _____, 20____

H&S Coordinator Approval

All identified areas of concern listed on this inspection have been rectified and documented above: Yes No

H&S Coordinator: Ed Carlson

H&S Coordinator Signature: _____

Date: _____

Workplace Inspection Schedule CAO & Management

to be conducted per policy HS-3.0, Inspections

Frequency	Type of Inspection	Inspection Due	Area to be Inspected	Inspector Name
Annually	CAO	Spring	Entire Organization	Dan McCormick
Quarterly	Manager	First Q Second Q Third Q Fourth Q	all Housing Buildings	Leanne Eluik
Quarterly	Manager	First Q Second Q Third Q Fourth Q	450 Scott Street	Sandra Weir Tanis Fretter Leanne Eluik Shelley Shute
Weekly	Supervisor	Each Week	Maintenance Area Rotation	Michelle Shute
Weekly	Supervisor	Each Week	all Bases, as attended	Ed Carlson Chris Wielinga Chad Buist
Monthly	JOHSC	per JOHSC schedule	per JOHSC schedule	JOHSC Members, per schedule