

<b>Monthly Workplace Inspection Report</b>	<b>ISF-015</b>
<b>Developed &amp; Controlled By:</b> Cal Seymour	<b>Review/Revision Date:</b> August 2006
<b>Distribution To:</b> All Locations	

**Store Location:** \_\_\_\_\_ **Store Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspected By:** \_\_\_\_\_

**1) Retail and Sales Floor Area**

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Floors and aisle ways are clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are identified.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguishers are marked and accessible	<input type="checkbox"/>	<input type="checkbox"/>			
No slip, trip or fall hazards are present	<input type="checkbox"/>	<input type="checkbox"/>			
Floors are free of spills and wet/oil conditions	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency exits are illuminated	<input type="checkbox"/>	<input type="checkbox"/>			



**2) Back Storage/Warehouse Area**

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Aisle ways clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed and are identified.	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency exits are illuminated and emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguishers are marked and accessible.	<input type="checkbox"/>	<input type="checkbox"/>			
No slip, trip or fall hazards present.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
Floor is free of spills and wet and oil conditions.	<input type="checkbox"/>	<input type="checkbox"/>			
Powered equipment being operated by trained and authorized operators.	<input type="checkbox"/>	<input type="checkbox"/>			
Powered equipment operators are wearing necessary PPE.	<input type="checkbox"/>	<input type="checkbox"/>			



Powered equipment daily shift report and files are completed.	<input type="checkbox"/>	<input type="checkbox"/>			
Racking and other structures are not damaged or broken.	<input type="checkbox"/>	<input type="checkbox"/>			
Ladders must be free from loose or damaged rungs and the rungs and side rails must be spaced one foot apart.	<input type="checkbox"/>	<input type="checkbox"/>			
Ladders must be set up safely away from electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>			
Check aluminum ladder for dents and bends in side-rails, steps, and rungs (Do not use metal pipe to replace a rung.)	<input type="checkbox"/>	<input type="checkbox"/>			
Check wooden ladders for cracks, splits, and rot	<input type="checkbox"/>	<input type="checkbox"/>			
Check all ladders for grease, oil, or for materials that could make them unsafe	<input type="checkbox"/>	<input type="checkbox"/>			

**3) Mechanic Bays and Shop Area**

Section Not Applicable

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Aisle ways clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed and are identified.	<input type="checkbox"/>	<input type="checkbox"/>			



Emergency exits are illuminated and emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguishers are marked and accessible.	<input type="checkbox"/>	<input type="checkbox"/>			
No slip, trip or fall hazards present.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
Floor is free of spills and wet and oil conditions.	<input type="checkbox"/>	<input type="checkbox"/>			
Roller bay doors are in good condition and are functioning properly	<input type="checkbox"/>	<input type="checkbox"/>			
Racking and other structures are not damaged or broken	<input type="checkbox"/>	<input type="checkbox"/>			
Items stored on racking and shelving are neat and can be withdrawn without causing a hazard.	<input type="checkbox"/>	<input type="checkbox"/>			
Mechanic pits are clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>			
Mechanic pit stairs are in good condition	<input type="checkbox"/>	<input type="checkbox"/>			



Safety marks are visible around unprotected edges in mechanic pits	<input type="checkbox"/>	<input type="checkbox"/>			
Welding units are clean and functioning correctly	<input type="checkbox"/>	<input type="checkbox"/>			
Welding units are stored in the proper location out of the way of traffic flow	<input type="checkbox"/>	<input type="checkbox"/>			
Gas cylinders are secured on welding units	<input type="checkbox"/>	<input type="checkbox"/>			
PPE is available to work with welding units	<input type="checkbox"/>	<input type="checkbox"/>			
Spring presses are clean and functioning correctly	<input type="checkbox"/>	<input type="checkbox"/>			
Protective guards are in place on spring presses	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical storage areas are clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical storage containers are not damaged and have no leaks	<input type="checkbox"/>	<input type="checkbox"/>			
Compressed gas cylinders are stored upright and secured	<input type="checkbox"/>	<input type="checkbox"/>			
Parking lots are clean and organized	<input type="checkbox"/>	<input type="checkbox"/>			
Parking lots are in good condition	<input type="checkbox"/>	<input type="checkbox"/>			



**4) Assembly Shop**

Section Not Applicable

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Aisle ways clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed and are identified.	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency exits are illuminated and emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguishers are marked and accessible.	<input type="checkbox"/>	<input type="checkbox"/>			
No slip, trip or fall hazards present.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
Floor is free of spills and wet and oil conditions.	<input type="checkbox"/>	<input type="checkbox"/>			
Compressed air lines are free from damage and are operating correctly	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment in area is working correctly and is free of defects	<input type="checkbox"/>	<input type="checkbox"/>			



Lifting devices (cranes, pulleys etc.) are working correctly and are free from defects	<input type="checkbox"/>	<input type="checkbox"/>			
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**5) Machine Shop Area**

Section Not Applicable

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Aisle ways clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed and are identified.	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency exits are illuminated and emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguishers are marked and accessible.	<input type="checkbox"/>	<input type="checkbox"/>			
No slip, trip or fall hazards present.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
Floor is free of spills and wet and oil conditions.	<input type="checkbox"/>	<input type="checkbox"/>			
Machining equipment has all necessary protective guards in place	<input type="checkbox"/>	<input type="checkbox"/>			



Personal protective equipment is provide and being used when working on machines	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency stop buttons/levers are functioning correctly	<input type="checkbox"/>	<input type="checkbox"/>			
Welding equipment is functioning and clear of debris and dirt	<input type="checkbox"/>	<input type="checkbox"/>			
Welding gas cylinders are secured	<input type="checkbox"/>	<input type="checkbox"/>			
Protective equipment (gloves, jacket, mask and curtains) for welding are available and are being used	<input type="checkbox"/>	<input type="checkbox"/>			
Welding area is clear of clutter and debris	<input type="checkbox"/>	<input type="checkbox"/>			

**6) Offices and Workstations**

Section Not Applicable

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Floors are clear of clutter and debris.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>			
All exits are identified.	<input type="checkbox"/>	<input type="checkbox"/>			
All light fixtures are working correctly	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are labeled.	<input type="checkbox"/>	<input type="checkbox"/>			



**7) Health and Safety Communication Board**

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
Corporate Health and Safety Policy posted and signed.	<input type="checkbox"/>	<input type="checkbox"/>			
Name(s) of health and safety representative(s) are posted.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS Poster.	<input type="checkbox"/>	<input type="checkbox"/>			
WSIB Form 82 "1,2,3,4" Poster.	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid Regulation 1101 is located in the main kit.	<input type="checkbox"/>	<input type="checkbox"/>			
Signage identifying First Aid Kits.	<input type="checkbox"/>	<input type="checkbox"/>			
List of certified first aiders with expiry dates is posted.	<input type="checkbox"/>	<input type="checkbox"/>			
List of forklift operators with expiry dates posted.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire evacuation plan and floor plan with meeting location is posted.	<input type="checkbox"/>	<input type="checkbox"/>			
Fire extinguisher service certificate.	<input type="checkbox"/>	<input type="checkbox"/>			



OHSA and Regulations (The Green Book) are hanging on board.	<input type="checkbox"/>	<input type="checkbox"/>			
Signage identifying MSDS locations.	<input type="checkbox"/>	<input type="checkbox"/>			
Ministry of Labour orders are posted (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>			

**8) First Aid Equipment**

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
The main WSIB first aid kit is completely stocked.	<input type="checkbox"/>	<input type="checkbox"/>			
Satellite first aid kits are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>			
Eyewash bottles are in good condition and are accessible.	<input type="checkbox"/>	<input type="checkbox"/>			
Eyewash station is in good condition and is operating correctly.	<input type="checkbox"/>	<input type="checkbox"/>			

**9) WHMIS**

	Yes	No	Comments/Recommendation	Hazard Class	Completion Date
WHMIS storage areas are neat and tidy.	<input type="checkbox"/>	<input type="checkbox"/>			
WHMIS products are all labeled.	<input type="checkbox"/>	<input type="checkbox"/>			
MSDS are up to date.	<input type="checkbox"/>	<input type="checkbox"/>			
MSDS are accessible to all employees.	<input type="checkbox"/>	<input type="checkbox"/>			



**10) Fire Extinguisher Inspection Report**

Fire Extinguisher Location	Yes	No	Comments/Recommendation	Hazard Class	Completion Date

**Hazard Classes**

- Class "A" Hazards:** High risk hazard/situation and must be rectified and/or solved immediately.
- Class "B" Hazards:** Medium risk hazard/situation and must be rectified and/or solved in a seven (7) day period.
- Class "C" Hazards:** Low risk hazard/situation and must be rectified and/or solved in a thirty (30) day period.

**Additional Comments:**

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**Worker(s) Interviewed During Investigation:**

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**Assessor (Print Name)**

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**Assessor(Signature)**

**Date:** \_\_\_\_\_

