

## 9.1 – Worksite Inspections



### GENERAL

Worksite:	Date:
Conducted by:	Reviewed by:

### SITE DOCUMENTATION

Please observe the following items to ensure compliance is being met. All boxes should contain a “yes”, “no”, or “n/a” mark in each box. Please use the Corrective Action Sheet for all items that need to be addressed and/or corrected.

<b>Floors and Walkways</b>	Y/N	N/A	Action Req?
Are guardrails in place when a fall from elevation could occur?			
Are doorways clear of materials or equipment?			
If supplies or materials are stored on the floor, are they away from doors and aisles and stacked in a way that they will not fall over?			
Are work areas free of obstructions?			
<b>Hand Tools</b>	Y/N	N/A	Action Req?
Are all hand tools in good working condition?			
Are guards in place and in good working order?			
Are appropriate tools chosen for the job?			
<b>Stairs, Ladders, and Platforms</b>	Y/N	N/A	Action Req?
Are ladders safe and in good condition?			
Are stairwells clear of materials and equipment?			
Are stairs and handrails in good condition?			
Are ladders and stairs provided with anti-slip treads where required?			
<b>Lighting</b>	Y/N	N/A	Action Req?
Are lighting levels in work areas adequate?			
Is task lighting provided in areas of low light or high glare?			

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<b>Storage</b>	Y/N	N/A	Action Req?
Are supplies and materials stored properly? (i.e. no risk of falling over)			
Does your storage layout minimize lifting problems?			
<b>Electrical</b>	Y/N	N/A	Action Req?
Are electrical cords in good repair?			
Are proper plugs used?			
Are plugs, sockets, and switches in good condition?			
Are GFCI's on electrical cords requiring them?			
Are portable power tool cords in good condition?			
<b>Equipment and Machinery</b>	Y/N	N/A	Action Req?
Is equipment and machinery kept clean?			
Is the equipment regularly maintained?			
Are operators properly trained?			
Is machinery adequately guarded?			
Is there enough workspace for equipment being used?			
Do you have a lockout procedure in place?			
<b>Fire Safety and Security</b>	Y/N	N/A	Action Req?
Are fire extinguishers clearly marked and available?			
Have fire extinguishers been inspected?			
Are flammable liquids properly stored?			
<b>Entrances and Exits</b>	Y/N	N/A	Action Req?
Are there safe access/ egress for workers and equipment?			
Are emergency exits clear of materials or equipment?			
<b>First Aid</b>	Y/N	N/A	Action Req?
Is there a designated first aid attendant onsite?			
Is the first aid kit accessible and clearly labelled?			

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Is the first aid kit stocked and maintained by first aid personnel?			
Are emergency numbers displayed?			
Is the address of your location clearly written (for ambulance/ fire/ police)?			
Is eye wash station clean and functional?			
<b>Housekeeping</b>	Y/N	N/A	Action Req?
Is the site kept clean and free from debris build-up?			
Are tools, cords and equipment put away after completion of a shift?			
Are garbage bins located at suitable points and emptied regularly?			
<b>Hazardous Materials</b>	Y/N	N/A	Action Req?
Are Safety Data Sheets provided for all hazardous materials onsite?			
Are hazardous materials properly stored?			
Are hazardous materials disposed of properly?			
<b>Environment</b>	Y/N	N/A	Action Req?
Is air quality good? (Fumes, dust, heat/ cold etc.) If not, please specify:			
Are vehicles/equipment supplied with proper spill containment?			
<b>General Worker Questions</b>	Y/N	N/A	Action Req?
Do workers know where to go and who to call for first aid assistance?			
Do workers know who to report a safety concern to?			
Are workers trained in task they are performing?			
Do workers know where the Health and Safety Policy is located?			
Have workers completed their Daily Risk Assessment?			
Are workers signed onto the correct Hazard Assessment/Safe Work Procedures?			

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PPE	Y/N	N/A	Action Req?
Are workers wearing basic PPE?			
Is specialized PPE available to workers? (e.g. fall protection, respiratory protection, hearing protection, safety glasses, etc.)			
Is specialized PPE being worn where required?			

### CORRECTIVE ACTION CHECKLIST

Corrective Action Required:	Person Responsible:	Action Completed?	Date to Complete Action by:

If after an inspection that NO corrective actions are required, fill this form out stating that NO corrective actions were required.

#### Supervisor Review

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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