# **General Inspection Checklist and Report Template**

This template is based on WorkSafeBC (WSBC) regulatory requirements and outlines the most common areas of focus for workplace safety inspections**.** The following template was designed to assist UBC Local Safety Teams and Joint Occupational Health and Safety Committees through the process of conducting a regular workplace health and safety inspection.

These general safety inspections do not replace the regular pre-use and scheduled maintenance inspections required for certain types of tools and equipment.

***Note:*** *Proper PPE must be worn during the inspection when entering any areas in which it is required. Proper training in WHMIS and/or UBC Chemical Safety is required when inspecting laboratories, shops or other areas where chemicals are used or stored.*

**How to Create a Building or Area-Specific Inspection Process and Schedule:**

Prior to using this template to conduct safety inspections of UBC facilities, buildings or areas, the responsible Local Safety Team (LST) or Joint Occupational Health and Safety Committee (JOHSC) must:

1. **Review all of the sections of General Inspection Checklist and determine which sections apply to the specific building or location(s) to be inspected.**
2. **Determine an Inspection Process and Schedule**

In order to create a facility, building or area-specific inspection process and schedule, the responsible LST or JOHSC must:

1. Walkthrough all areas in question to determine the precise areas to be inspected
2. Break down the total inspection area into manageable portions (for the inspectors) based on estimated inspection completion times.
3. Assign trained inspection teams to inspect each section at least once per year. The LSTs and JOHSC and may determine that some higher risk areas may require inspections that are more frequent.
4. **Document the information gathered on the Inspection Schedule Summary Table for the building/facility or area(s) in question.**
5. **The building/area’s completed Inspection Schedule Summary Table is to be submitted to the responsible JOHSC for review.**

**How to Use the General Inspection Checklist Sections:**

The General Inspection Checklist is designed to be a simple and easy-to-use inspection tool.   
Common work areas at UBC were identified and a simple checklist section was developed to inspect each type of area. As a result, for example, if an inspector is responsible for inspecting one (or more) labs, they only need to use one checklist: Section M - Laboratories. If an inspector is responsible for inspecting some offices and some common spaces, they only need to use two checklists: Section D - Offices and Open Workstations, and Section B - Interior: Common Areas, Hallways and Stairs.

**Note**: *Inspectors* ***are not required*** *to fill out a checklist for each individual area they inspect. For example, the inspection results for several offices (or classrooms) can be recorded on one Office (or Classroom) section checklist. Ensure the location of all inspected areas are documented and deficiencies are written clearly.*

**Before an Inspection:**

1. The LST/JOHSC provides the inspectors with the checklist section(s) that apply to the specific types of areas they will be inspecting. Depending on local circumstances, checklist section(s) may be distributed electronically or as a hard copy.
2. Inspectors fill in the required information at the top of their inspection section sheet(s)
3. The LST/JOHSC reminds the inspectors as to when their inspections are due (refer to Inspection Schedule Summary Table).

**During an Inspection:**

1. Inspectors use the checklist section to guide them through the inspection.
2. Issues/findings are noted in the spaces provided at the end of each section checklist.
3. Inspectors may take immediate corrective action, make corrective recommendations or wait until the next LST/JOHSC meeting so the members can determine the required corrective action, depending on the issue and local circumstances.
4. Inspectors engage in conversation with the occupants of the area and ask them if they have any safety concerns and document the concerns in the spaces provided at the end of each section checklist

**After an Inspection:**

1. Inspectors submit their completed inspection checklists (in time for the next LST/JOHSC meeting). Depending on local circumstances, inspectors may submit their completed inspection sheets electronically or as a hard copy. Note: hard copies will subsequently need to be scanned/digitized for submission to the JOHSC.
2. The LST/JOHSC reviews all of the completed inspection reports, as part of the meeting agenda.
3. The LST/JOHSC fills in any outstanding sections of the General Inspection Summary Report (ie, description of hazard, recommended actions, etc.) The template for the General Inspection Summary Report is provided below on page 5.
4. The LST submits the completed General Inspection Summary Report - and the completed section checklist(s) - to the relevant JOHSC.Depending on local circumstances, this may be done via theJOHSC/LST SharePointsite or by some other local means.Consult RMS for additional details or information on how to do this.

**Note**: *Ensure items in the Summary Report that require the review and support from the applicable JOHSC are highlighted.*

**Inspection Schedule Summary Table**

*Note: Sections A, B and C are mandatory and must be completed for all buildings at least once per year.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility / Area Name: Insert Name Here** | | | | |
| **Inspection Checklist**  **Sections1** | **Applicable**  **/ required?** | **Inspection Frequency2** | **Date to be completed3** | **Inspector Name(s)**: |
| 1. **Facility / Area Emergency Equipment and Procedures** | **YES** |  |  |  |
| 1. **Interior: Common Areas, Hallways and Stairs** | **YES** |  |  |  |
| 1. **Bi-Annual General Building - Exterior** | **YES** |  |  |  |
| 1. **Offices and Open Workstations** |  |  |  |  |
| 1. **Classrooms and Lecture Halls** |  |  |  |  |
| 1. **Shops / Workshops** including shop tools and equipment |  |  |  |  |
| 1. **Tools and Equipment –** for areas other than shops /workshops |  |  |  |  |
| 1. **Storage / Shipping & Receiving areas** |  |  |  |  |
| 1. **Ladders** |  |  |  |  |
| 1. **Mobile Equipment** |  |  |  |  |
| 1. **Motorized Vehicles** |  |  |  |  |
| 1. **Safe Work Procedures for High Risk Work *–*** as required by Regulation |  |  |  |  |
| 1. **Laboratories** |  |  |  |  |
| 1. **Clinics** |  |  |  |  |
| 1. Refer to each Checklist Section for inspection item details. For the sections that apply to the facility or area being inspected, insert “Yes” under “Applicable / Required?” For Checklist sections that do not currently apply to the area / facility being inspected, insert “No” under “Applicable / Required?”  **Do not remove sections or change the section letter designations.**  **Additional, customized checklist sections for specialized workplaces *(i.e. recreational, day care, food service, etc.)* may be added at the bottom of this section list and at the end of the checklist (*ie. After Section N).***  **2**. Inspection frequency should be risk-based; this can be monthly, bi-monthly, quarterly, semi-annually, etc. The minimum requirement is annually.  **3.** For example: the last workday of the month, or one week prior to April LST meeting, etc. | | | | |

# **General Inspection Summary Report**

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| **Building name and area(s) inspected:** |  |
| **Inspection completed by:** |  |
| **Date and time:** |  |
| **Inspection #:** (GI- building name- yy/mm/dd) |  |

*Inspection # must be included as these will be referred to in the JOHSC meeting minutes for any actionable items. These numbers help provide a quick reference to date and building.*

## The below General Inspection Report summarizes deficient items found during the General Inspection. This Inspection Report is to be completed during or following the General Inspection (based on individual Section Notes).

**Proceed to General Inspection Checklist for further details regarding item numbers.**

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| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |

**Send a copy of this report and checklist to the appropriate JOHSCs. Highlight important items that must be reviewed/discussed at next JOHSC meeting. Actionable items listed in the Inspection Report should be divided and sent only to each of the persons responsible.**

**Hazard Rating Descriptions/ Priority Table:**

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| **Priority Level** | **Timeline for Completion of Corrective Action** | **Timeline for Follow Up Inspection** |
| **A (High Risk)** | **Immediately:** A moderate to highpotential for serious injury or loss of life and/or extensive property damage or loss (structure, equipment or material). | **Within 1-2 days** |
| **B (Moderate Risk)** | **As soon as possible:** A moderate to high potential risk of causing a minor injury, illness or property damage or loss. (structure, equipment or material) | **Within 1 week** |
| **C (Low Risk)** | **As soon as possible:** A potential exists for causing a non-disabling injury or non-disruptive property damage. | **Next regular inspection or further investigation required** |

**General Inspection Checklist**

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| **A. Facility / Area Emergency Equipment and Procedures** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s) name : | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| A-1 | Are facility fire extinguishers systematically inspected / certified on a yearly basis? | |  |  |  |
| A-2 | Are instructions for accessing First Aid conspicuously posted within the facility? | |  |  |  |
| A-3 | Are facility eyewash stations tested at least monthly? | |  |  |  |
| A-4 | Are facility safety showers tested at least annually by operations / facilities personnel? | |  |  |  |
| A-5 | Is functional emergency back-up lighting present along designated escape routes? | |  |  |  |
| A-6 | Is the location of the facility’s Predesignated Meeting Area posted throughout the facility? | |  |  |  |
| A-7 | Is the Building Emergency Response Plan up-to-date and readily available to workers? | |  |  |  |
| A-8 | Has a building emergency fire drill been performed in last 12 months? | |  |  |  |
| A-9 | Are building occupants aware of procedures and numbers to call in the event of an emergency, first aid or personal security issue?   * Emergency-Police, Fire, Ambulance, Hazardous Spill (911) * First Aid for Faculty, Staff and Student Workers (2-4444) * UBC Campus Security (2-2222)   Note: if these numbers are different in your area, please update accordingly. | |  |  |  |
| A-10 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| A-11 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| A-12 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **B. Interior - Common Areas, Hallways and Stairs** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| B-1 | Are general areas (stairs, hallways, common areas) well-lit (all lights are operational)? | |  |  |  |
| B-2 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| B-3 | Are fire-alarm pull-stations accessible and emergency exit doors unobstructed and functional? | |  |  |  |
| B-4 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| B-5 | Are hallway eye-wash stations and safety showers readily available, easily accessible (unobstructed) and regularly tested? | |  |  |  |
| B-6 | Are stairs, hallways and common areas free of tripping hazards (clutter, damaged mats, uneven flooring, and uncovered cables)? | |  |  |  |
| B-7 | Are floors and stairs dry, clean, and free of slipping hazards? | |  |  |  |
| B-8 | Have blind corners in high traffic areas been addressed? | |  |  |  |
| B-9 | Are railings & guardrails in place & secure (e.g. in stairways & open areas in upper levels)? | |  |  |  |
| B-10 | Are walls, ceiling tiles, floors etc., free of any visual signs of water staining or damage? | |  |  |  |
| B-11 | Are rooftop accesses, unoccupied rooms and crawl spaces locked? | |  |  |  |
| B-12 | Are washrooms clean and sanitary? | |  |  |  |
| B-13 | Is garbage/ waste removed regularly? | |  |  |  |
| B-14 | Are lunchrooms / breakrooms / kitchenettes clean and sanitary? | |  |  |  |
| B-15 | Are kitchen / food-related equipment clean, sanitary and in proper working order? | |  |  |  |
| B-16 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **C. Bi-Annual General Building - Exterior** | | | | |
| Building / area(s) inspected: | | | | |
| Inspector(s): | | | | |
| Is it January? Yes  No  Is it June? Yes  No | | | | |
| If answered yes to either of the above, complete this section. | | | | |
| **Item #** | **General** | **Y** | **N** | **N/A** |
| C-1 | Are all entrances and exits visible from a distance and well-lit (early morning/evening)? |  |  |  |
| C-2 | Are entrances and sidewalks clear of obstructions? |  |  |  |
| C-3 | Are access points and walkways free of potential hiding places? |  |  |  |
| C-4 | Are entrances secured during non-working hours (access system working, alarmed if applicable)? |  |  |  |
| C-5 | Is the area free of any loose non-decorative rocks, bricks or door wedges near exterior doors that could be used to prop doors open after hours? |  |  |  |
| C-6 | Are all doors and windows properly functioning – (both open and close if applicable)? |  |  |  |
| C-7 | Is there consistent lighting around the building? |  |  |  |
| C-8 | Are trees/vegetation kept trimmed to prevent interference with lighting and visibility? |  |  |  |
| C-9 | Are NO SMOKING signs posted and meet all requirements under UBC Policy #15 Smoking and Smoking Product Promotion on Campus? |  |  |  |
| C-10 | Is the address sign or street number visible from the street? |  |  |  |
| C-11 | Is the building perimeter free from overhanging hazards? |  |  |  |
| C-12 | Do any portions of the building appear to be damaged or in need of repair? |  |  |  |
| C-13 | Are fire department hose connectors and fire hydrants kept clear, accessible and have caps? |  |  |  |
| C-14 | During winter months are snow and ice removed from main entrances in timely manner (complete during January inspection if applicable)? |  |  |  |
| C-15 | Other issues: |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | |
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| **D. Offices and Open Workstations** | | | | | |
| Note:  *A separate checklist per office is not necessary. If any office has any item identified as deficient (N), note the specific office and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| D-1 | Have staff on the first floor or ground level been advised to secure windows and draw blinds at the end of the day? | |  |  |  |
| D-2 | Are office spaces neat and orderly, with no tripping hazards present? | |  |  |  |
| D-3 | Is there appropriate lighting for work tasks? | |  |  |  |
| D-4 | Are windows covered by a means of controlling light? | |  |  |  |
| D-5 | Are noise levels safe or hearing protection provided as required? | |  |  |  |
| D-6 | Is there adequate heating and cooling? | |  |  |  |
| D-7 | Is air flow and ventilation appropriate for work tasks? | |  |  |  |
| D-8 | Are electrical plugs, sockets and switches in good condition? | |  |  |  |
| D-9 | Do electrical control panels have clear access? | |  |  |  |
| D-10 | Are bookshelves secured to wall? | |  |  |  |
| D-11 | Are spaces free of heavy items placed up high and at risk of falling on workers? | |  |  |  |
| D-12 | Do workers have easy access to emergency contact numbers / procedures? | |  |  |  |
| D-13 | Is the area free of obstructions that would prevent workers from quickly leaving the space during an emergency? | |  |  |  |
| D-14 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| D-15 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| D-16 | Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| D-17 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **E. Classrooms and Lecture Halls** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **Emergency Equipment and Procedures** | | **Y** | **N** | **N/A** |
| E-1 | Is emergency contact information – including the building’s street address – clearly posted in the immediate area? | |  |  |  |
| E-2 | Are doorways, walkways and evacuation routes clear, are at least 2 feet / 60 cm wide? | |  |  |  |
| E-3 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| E-4 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| E-5 | Are fire-alarm pull-stations accessible and unobstructed? | |  |  |  |
| E-6 | Are emergency exit doors unobstructed and functional? | |  |  |  |
| **Item #** | **Rooms** | | **Y** | **N** | **N/A** |
| E-7 | Is the room is clean and tidy? | |  |  |  |
| E-8 | Are floor surfaces maintained in a safe condition, with no slipping / tripping hazards? | |  |  |  |
| E-9 | Are walls and ceilings safe and in good condition? | |  |  |  |
| E-10 | Are steps/stairs/ramps in a safe condition with non-slip surface, and secure handrails where needed? | |  |  |  |
| E-11 | Are doors, windows, locks and latches in good condition and in working order? | |  |  |  |
| E-12 | Is the room comfortable? Not too hot or too cold? | |  |  |  |
| E-13 | Is there adequate lighting (no more than 20% of lights burned out)? | |  |  |  |
| **Item #** | **Furniture, Fixtures and Fittings** | | **Y** | **N** | **N/A** |
| E-14 | Is all furniture in good condition? | |  |  |  |
| E-15 | Are light fittings and general fixtures in good condition and in working order? | |  |  |  |
| E-16 | Is all AV / lighting equipment securely mounted? | |  |  |  |
| **Item #** | **Other** | | **Y** | **N** | **N/A** |
| E-17 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **F. Shops / Workshops – including Tools and Equipment** | | | | | |
| Note: Shop / workshop personnel must be notified in advance that an inspection will be performed in their area. A shop staff member who is familiar and knowledgeable with the hazards of the work space must be involved in the inspection. Alternatively, this inspection may be performed internally but must be completed and submitted to the LST or JOHSC within one week of notification. | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| F-1 | Are workspaces neat, orderly and free of slipping and tripping hazards? | |  |  |  |
| F-2 | Is there appropriate lighting for work tasks? | |  |  |  |
| F-3 | Are noise levels safe such that hearing protection is sometimes required? | |  |  |  |
| F-4 | Is all required PPE maintained in good working order and available to all workers? | |  |  |  |
| F-5 | Are workers trained in correct PPE use and limitations? | |  |  |  |
| F-6 | Is PPE used consistently and correctly? | |  |  |  |
| F-7 | Is PPE inspected, fit tested (if applicable) and replaced on schedule? | |  |  |  |
| F-8 | Is there adequate heating and cooling? | |  |  |  |
| F-9 | Is air flow and ventilation (including dust removal) appropriate for work tasks? | |  |  |  |
| F-10 | Are electrical plugs, sockets and switches in good condition? | |  |  |  |
| F-11 | Do electrical control boxes have clear access? | |  |  |  |
| F-12 | Are circuit breakers and starter switches clearly marked? | |  |  |  |
| F-13 | Is piping for gas, compressed air, etc. clearly labelled? | |  |  |  |
| F-14 | Are compressed gases and other hazardous materials safely and properly stored / secured? | |  |  |  |
| F-15 | Are emergency contact numbers and procedures (including First Aid) prominently posted? | |  |  |  |
| F-16 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| F-17 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| F-18 | Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional? | |  |  |  |
| F-19 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| F-20 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| F-21 | Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| **Item #** | **Shop Tools and Equipment** | | **Y** | **N** | **N/A** |
| F-22 | Are machine and equipment operator’s manuals available to workers? | |  |  |  |
| F-23 | Are lockout procedures posted and followed? | |  |  |  |
| F-24 | Is the maintenance log up-to-date? | |  |  |  |
| F-25 | Is the inspection log up-to-date? | |  |  |  |
| F-26 | Are warning signage for physical hazards created by equipment and processes posted, clearly visible and legible? | |  |  |  |
| F-27 | Are hazardous points of operation adequately guarded? | |  |  |  |
| F-28 | Are safeguards in place, in good condition, and cannot be easily removed by workers? | |  |  |  |
| F-29 | Is equipment positioned to avoid endangering other workers? | |  |  |  |
| F-30 | Are workers protected from materials ejected from tools or equipment? | |  |  |  |
| F-31 | Are equipment controls clearly labelled and within easy reach, but protected from inadvertent activation? | |  |  |  |
| F-32 | Are defective tools and equipment tagged and removed from service? | |  |  |  |
| F-33 | Are tools used for their designed purposes only? | |  |  |  |
| F-34 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **G. Tools and Equipment – for areas other than shops / workshops** | | | | | |
| Note: *If tools or equipment being used in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| G-1 | Are machine and equipment operator’s manuals available to workers? | |  |  |  |
| G-2 | Are lockout procedures posted and followed? | |  |  |  |
| G-3 | Is the maintenance log up-to-date? | |  |  |  |
| G-4 | Is the inspection log up-to-date? | |  |  |  |
| G-5 | Are warning signage for physical hazards created by equipment and processes posted, clearly visible and legible? | |  |  |  |
| G-6 | Are hazardous points of operation adequately guarded? | |  |  |  |
| G-7 | Are safeguards in place, in good condition, and cannot be easily removed by workers? | |  |  |  |
| G-8 | Is equipment positioned to avoid endangering other workers? | |  |  |  |
| G-9 | Are workers protected from materials ejected from tools or equipment? | |  |  |  |
| G-10 | Are equipment controls clearly labelled and within easy reach, but protected from inadvertent activation? | |  |  |  |
| G-11 | Are defective tools and equipment tagged and removed from service? | |  |  |  |
| G-12 | Are tools used for their designed purposes only? | |  |  |  |
| G-13 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **H. Storage Areas and/ or Shipping & Receiving Areas** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| H-1 | Are stacked materials stable (interlocked, strapped, or other means of restraint) and no more than 3 boxes high if on the floor? | |  |  |  |
| H-2 | Are stacked materials away from ignition sources? | |  |  |  |
| H-3 | Are sprinkler systems unobstructed by stacked materials (min. 18” away)? | |  |  |  |
| H-4 | Are containers and storage racks undamaged and appropriate for materials? | |  |  |  |
| H-5 | Is shelving properly secured and not overloaded? | |  |  |  |
| H-6 | Does shelving have edge guards to prevent items from falling? | |  |  |  |
| H-7 | Do heavy duty (industrial) steel storage racks over 8ft tall (excluding shelving and display fixtures used for retail purposes) or under 8ft tall, but loaded or unloaded by other than manual means, meet requirements of section 4.43.1 of the OH&SR (e.g. pallet rack, cantilever rack) | |  |  |  |
| H-8 | Are hazardous materials properly labelled? | |  |  |  |
| H-9 | Are flammable & hazardous materials secured & stored in approved containers/cabinets? | |  |  |  |
| H-10 | Are Safety Data Sheets (SDS) readily available/accessible and less than three (3) years old? | |  |  |  |
| H-11 | Is appropriate PPE accessible to all workers, as needed? | |  |  |  |
| H-12 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| H-13 | Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed, functional and can be opened from the inside without a key? | |  |  |  |
| H-14 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| H-15 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| H-16 | Have any occurrences of overexertion or other ergonomic issues been addressed? | |  |  |  |
| H-17 | Are emergency contact numbers and procedures (including First Aid) prominently posted? | |  |  |  |
| H-18 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| H-19 | Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| H-20 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **I. Ladders** | | | | | |
| If ladders are *being used in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| I-1 | Are ladders appropriate for the work task? | |  |  |  |
| I-2 | Are ladders in good condition with no obvious signs of wear and tear? | |  |  |  |
| I-3 | Are ladders being stored in manner that does not present hazards / obstructions in the work areas? | |  |  |  |
| I-4 | Other issues: | |  |  |  |
| **Item #** | **Section Site Inspection Notes** | | | | |
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| **J. Mobile Equipment**  WorkSafeBC Definition: “mobile equipment” means a wheeled or tracked vehicle which is engine or motor powered, together with attached or towed equipment, but not a vehicle operated on fixed rails or tracks. | | | | | |
| If mobile *equipment is being used in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| J-1 | Are maintenance logs up-to-date? | |  |  |  |
| J-2 | Are pre-use inspection logs up-to-date? | |  |  |  |
| J-3 | Are operators trained? | |  |  |  |
| J-4 | Other issues: | |  |  |  |
| **Item #** | **Section Site Inspection Notes** | | | | |
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| **K. Motorized Vehicles** | | | | | |
| *Note: If motorized vehicles are being used in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist.* | | | | | |
| Building / area(s) being inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| K-1 | Are maintenance logs up-to-date? | |  |  |  |
| K-2 | Are pre-use inspection logs up-to-date? | |  |  |  |
| K-3 | Other issues: | |  |  |  |
| **Item** | **Section / Site Inspection Notes** | | | | |
|  | Note: A sample Inspection Log is available, attached. | | | | |
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| **L. Safe Work Procedures for High Risk Work – as required by Regulation** | | | | | |
| Note: *If high risk work being performed in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist. For more information on developing safe work programs visit the RMS website at:* [*http://rms.ubc.ca/*](http://rms.ubc.ca/) | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **High Risk Work Activities** | | **Y** | **N** | **N/A** |
| L-1 | [Working at elevation](http://rms.ubc.ca/health-safety/safety-programs/general-safety/) – is a safe work procedure (fall protection) in place? | |  |  |  |
| L-2 | [Asbestos exposure](http://rms.ubc.ca/health-safety/safety-programs/general-safety/) – is a safe work procedure in place? | |  |  |  |
| L-3 | Exposure to hazardous materials – is a safe work procedure in place? | |  |  |  |
| L-4 | [Working in excavations](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-20-construction-excavation-and-demolition) – is a safe work procedure in place? | |  |  |  |
| L-5 | [Entry into confined space](http://rms.ubc.ca/health-safety/safety-programs/general-safety/) – is a safe work procedure in place? | |  |  |  |
| L-6 | Working near combustible dust – is a safe work procedure in place? | |  |  |  |
| L-7 | Hand falling or bucking – is a safe work procedure in place? | |  |  |  |
| L-8 | Use of explosives, or flammable or combustible materials – is a safe work procedure in place? | |  |  |  |
| L-9 | [De-energization, lockout, and safeguarding](http://rms.ubc.ca/health-safety/safety-programs/general-safety/) – is a safe work procedure in place? | |  |  |  |
| L-10 | [Exposure to violence](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/workplace-violence-prevention/) – is a safe work procedure in place? | |  |  |  |
| L-11 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| L-12 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **M. Laboratories** | | | | | |
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| *Note: Laboratory personnel must be notified in advance that an inspection will be performed in their area. A laboratory staff member who is familiar and knowledgeable with the hazards of the research space must be involved in the inspection. Alternatively, this inspection may be performed internally but must be completed and submitted to the LST or JOHSC within one week of notification.* | | | | | |
| Building, labs inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General Laboratory Hazards** | | **Y** | **N** | **N/A** |
| M-1 | Is appropriate Personal Protective Equipment (PPE), such as lab coats, gloves and protective eyewear, available to all workers and is it being used? | | ☐ | ☐ | ☐ |
| M-2 | Is appropriate laboratory attire being worn (i.e. no shorts, skirts or sandals are present)? | | ☐ | ☐ | ☐ |
| M-3 | Is the space free of evidence of food, drink, or chewing gum present in the lab, including lab garbage cans? | | ☐ | ☐ | ☐ |
| M-4 | Are fire extinguishers adequate for materials used, readily accessible, unobstructed, charged, and inspected within the last year? Is signage present (if not clearly visible)? | | ☐ | ☐ | ☐ |
| M-5 | Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional? | | ☐ | ☐ | ☐ |
| M-6 | Are illuminated emergency exit signs visible and functional? | | ☐ | ☐ | ☐ |
| M-7 | Are emergency eyewashes accessible, unobstructed, functioning properly, and tested at least monthly? | | ☐ | ☐ | ☐ |
| M-8 | Are emergency showers accessible, unobstructed and tested at least yearly by operations / facilities personnel? | | ☐ | ☐ | ☐ |
| M-9 | Are spill kits accessible, stocked and in working order? Are spill response and clean-up procedures and proper signage present? | | ☐ | ☐ | ☐ |
| M-10 | Are aisles, fire exits, sprinklers, stairwells and electrical panels kept clear of materials, equipment, and spills? | | ☐ | ☐ | ☐ |
| M-11 | Are occupants aware of how to access first aid when needed? | | ☐ | ☐ | ☐ |
| M-12 | Are laboratory emergency contacts clearly posted? | | ☐ | ☐ | ☐ |
| M-13 | Are “No Eating/Drinking/Smoking” signs posted? | | ☐ | ☐ | ☐ |
| M-14 | Does door signage indicate the hazardous materials present in the lab? | | ☐ | ☐ | ☐ |
| M-15 | Are electrical cords in good repair (no exposed wiring) and adequately restrained? No electrical hazards present? | | ☐ | ☐ | ☐ |
| M-16 | Have seismic issues been considered i.e. shelving secured, restraints, heavy items stored low? | | ☐ | ☐ | ☐ |
| M-17 | Do lab supplies (glassware, tubing, etc.) appear to be in good condition? | | ☐ | ☐ | ☐ |
| M-18 | Are lab areas, benchtops, sinks, fumehoods, etc. clean and tidy? | | ☐ | ☐ | ☐ |
| M-19 | Do new staff receive workplace and task-specific orientations and are records kept? | | ☐ | ☐ | ☐ |
| M-20 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | | ☐ | ☐ | ☐ |
| **Item #** | **Physical Hazards** | | **Y** | **N** | **N/A** |
| M-21 | Is heating and ventilation adequate? (consider too hot, too cold) | | ☐ | ☐ | ☐ |
| M-22 | Is air quality adequate? (consider unfamiliar smells, odours) | | ☐ | ☐ | ☐ |
| M-23 | Are lighting levels in the work area adequate? (consider too bright/dim, lights not working) | | ☐ | ☐ | ☐ |
| **Item #** | **Ergonomic Hazards** | | **Y** | **N** | **N/A** |
| M-24 | Are materials stored to prevent overreaching? Boxes on the floor are no more than 3 high? Is a step ladder available for out of reach items? | | ☐ | ☐ | ☐ |
| M-25 | Are workstations and seating at proper height? | | ☐ | ☐ | ☐ |
| M-26 | Do work areas allow for natural reaching without having to over-extend? | | ☐ | ☐ | ☐ |
| M-27 | Is assistive equipment and/or mechanical aid available and used for heavy/awkward items? | | ☐ | ☐ | ☐ |
| M-28 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | | ☐ | ☐ | ☐ |
| **Item #** | **Chemical Safety** | | **Y** | **N** | **N/A** |
| M-29 | Is the Chemical Safety manual readily available and easily accessible? | | ☐ | ☐ | ☐ |
| M-30 | Is there less than 25 L of flammables in the open lab & containers no larger than 5 L? | | ☐ | ☐ | ☐ |
| M-31 | Are fumehoods tidy, functional, and annually certified? Fumehood sashes are at/ below arrow? | | ☐ | ☐ | ☐ |
| M-32 | Are gas cylinders properly secured, located away from doors & heat / ignition sources? | | ☐ | ☐ | ☐ |
| M-33 | Are there proper supplier and / or workplace labels on all containers (compliant with WHMIS 2015)? | | ☐ | ☐ | ☐ |
| M-34 | Are all chemicals stored in proper containers/cabinets (not stored on floor)? | | ☐ | ☐ | ☐ |
| M-35 | Are Safety Data Sheets (SDS) readily available, easily accessible and regularly updated (less than 3 years old)? | | ☐ | ☐ | ☐ |
| M-36 | Is the Chemical inventory available and dated within the past 12 months? | | ☐ | ☐ | ☐ |
| **Item #** | **Biological Safety** | | **Y** | **N** | **N/A** |
| M-37 | Is the Biological Safety Reference manual readily available and easily accessible? | | ☐ | ☐ | ☐ |
| M-38 | Are biosafety cabinets kept tidy, functional, and annually certified? | | ☐ | ☐ | ☐ |
| M-39 | Are Biosafety Permits posted in the space? | | ☐ | ☐ | ☐ |
| M-40 | Do the biohazardous waste containers have lids and are they labelled? | | ☐ | ☐ | ☐ |

| **Item #** | **Radiation Safety** | **Y** | **N** | **N/A** |
| --- | --- | --- | --- | --- |
| M-41 | Is the Radiation Safety Reference Manual readily available and easily accessible? | ☐ | ☐ | ☐ |
| M-42 | Are authorized personnel listed along with their UBC training certificates and lab specific training records in the records binder? | ☐ | ☐ | ☐ |
| M-43 | Are Radioisotope Permits posted in the space? (Each Radioisotope Permit must be accompanied by a CNSC rules poster) | ☐ | ☐ | ☐ |
| **Item #** | **Laser Safety** | **Y** | **N** | **N/A** |
| M-44 | Is laser hazard warning signage posted? | ☐ | ☐ | ☐ |
| M-45 | Is the beam enclosed or have other provisions to prevent accidental exposure been implemented? | ☐ | ☐ | ☐ |
| **Item #** | **Other** | **Y** | **N** | **N/A** |
| M-46 | Other issues: |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | |
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| **N. Clinics** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **Emergency Equipment and Procedures** | | **N/A** | **N/A** | **N/A** |
| N-1 | Are fire extinguishers readily accessible, unobstructed, charged, and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| N-2 | Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional? | |  |  |  |
| N-3 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| N-4 | Are workers aware of procedures and numbers to call in the event of an emergency, first aid or personal security issue? Are up-to-date emergency contact numbers easily accessible or visibly posted in the area? | |  |  |  |
| N-5 | Is the Predesignated Meeting Area posted in the area? | |  |  |  |
| N-6 | Is there an up to date Building / Area Emergency Response Plan? | | ☐ | ☐ | ☐ |
| N-7 | Has an emergency drill been performed in last 12 months? | |  |  |  |
| N-8 | Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| N-9 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| N-10 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| **Item #** | **Common Areas, Hallways and Stairs** | | **Y** | **N** | **N/A** |
| N-11 | Are general areas (stairs, hallways, common areas) well-lit (all lights are operational)? | |  |  |  |
| N-12 | Are stairs, hallways and common areas free of tripping hazards (clutter, damaged mats, uneven flooring, and uncovered cables)? | |  |  |  |
| N-13 | Are floors and stairs dry, clean, and free of slipping hazards? | |  |  |  |
| N-14 | Are walls, ceiling tiles, floors etc., free of any visual signs of water staining or damage? | |  |  |  |
| N-15 | Are washrooms clean and sanitary? | |  |  |  |
| N-16 | Is garbage/ waste removed regularly? | |  |  |  |
| N-17 | Are lunchrooms / breakrooms / kitchenettes clean and sanitary? | |  |  |  |
| N-18 | Are kitchen / food-related equipment clean, sanitary and in proper working order? | |  |  |  |

| **Item #** | | **Offices and Open Workstations** | | **Y** | **N** | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| N-19 | | Have staff on the first floor or ground level been advised to secure windows and draw blinds at the end of the day? | |  |  |  |
| N-20 | | Are office spaces neat and orderly? | |  |  |  |
| N-21 | | Is there appropriate lighting for work tasks? | |  |  |  |
| N-22 | | Are windows covered by a means of controlling light? | |  |  |  |
| N-23 | | Is there adequate heating and cooling? | |  |  |  |
| N-24 | | Is air flow and ventilation appropriate for work tasks? | |  |  |  |
| N-25 | | Are electrical plugs, sockets and switches in good condition? | |  |  |  |
| N-26 | | Do electrical control panels have clear access? | |  |  |  |
| N-27 | | Are bookshelves secured to wall? | |  |  |  |
| N-28 | | Are heavy items placed up high and at risk of falling on workers? | |  |  |  |
| N-29 | | Are workstations designed / set up ergonomically? | |  |  |  |
| N-30 | | Are there obstructions present that would prevent workers from quickly leaving the space during an emergency? | |  |  |  |
| N-31 | | Other issues: | |  |  |  |
| **Item #** | | **Inspection Notes and Comments** | | | | |
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