# **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** |

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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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