

MONTHLY SAFETY INSPECTION REPORT

Date of Inspection:		Persons Participating in Inspection:
Company:		
POSSIBLE HAZARDS	RATE HAZARD	NOTES/COMMENTS:
EXTERIOR / PARKING LOT		
Are all parking areas well lit?		
Are parking areas free of snow, ice or other obstructions?		
Are curbs and other elevations painted / clearly marked to identify tripping hazard?		
Are all sidewalks and pavements clear of potholes, debris or other obstructions?		
Are exterior Exits clear?		
Any other Concerns? (if yes, indicate in comment column)		
ENTRANCE WAYS		
Is the front entrance well lit?		
Are all door closure devices working properly?		
Are all doors free of sharp objects?		
Are all threshold plates on all doors secure? No protruding screws?		
Are solid glass door marked to alert customers?		
Any other Concerns? (if yes, indicate in comment column)		
OFFICE AREAS		
Housekeeping acceptable?		
Aisle ways, Emergency Exits clear?		
Have all fire extinguishers been inspected within the last year? Is the tag initialed and dated?		
Is emergency lighting inspected?		
Is the employee lunchroom area acceptable?		

POSSIBLE HAZARDS	RATE HAZARD	NOTES/COMMENTS:
OFFICE AREAS (CONT'D)		
Electrical – are all cords and wires in good condition and out of the way?		
Are supplies and other material stored in or on shelves or file cabinets properly to avoid overloading and/or tipping?		
Housekeeping acceptable?		
Aisle ways, Emergency Exits clear?		
Are exterior Exits clear?		
Any other Concerns? (if yes, indicate in comment column)		
WAREHOUSE AREAS		
Are products all stacked and stored properly?		
Is there free access between all rows?		
Are housekeeping standards being met?		
Have all fire extinguishers been inspected within the last year? Is the tag initialed and dated?		
Are dock plates functional and level?		
Are Wheel Chocks available?		
Is Dock Lighting in place and in good repair?		
Any other Concerns? (If yes, indicate in comment column)		
PERSONAL PROTECTIVE EQUIPMENT		
Is there an adequate inventory of PPE available in the workplace?		
Are employees using required personal protective equipment?		
Any other Concerns? (If yes, indicate in comment column)		

POSSIBLE HAZARDS	RATE HAZARD	NOTES/COMMENTS:
FORKLIFTS		
Are all loads being lifted by forklift operators being transported safely?		
Are employees trained and authorized operators only?		
Wearing of available safety belts?		
Are operators trained to perform pre-use inspections and using them?		
Are chemicals being properly stored?		
Parking in assigned areas only?		
Any other Concerns? (If yes, indicate in comment column)		
EMERGENCY AND FIRE		
Is there an emergency phone numbers list next to the phone(s)?		
Are Emergency numbers current and easy to read?		
Are all Emergency exits clearly identified?		
Are all exit doors completely free of debris and/or other obstructions?		
Have all fire extinguishers been inspected within the last year? Is the tag initialed and dated?		
Is there a criteria list that identifies what is being checked on all fire extinguishers each month?		
Are all electrical cords and wires in good condition, secured and out of the way?		
Are all employees aware of their responsibilities with respect to our Fire Emergency Plan, as they relate to customers and visitors?		
Are all employees trained in the company's Emergency Evacuation Procedure?		
Any other Concerns? (If yes, indicate in comment column)		

POSSIBLE HAZARDS	RATE HAZARD	NOTES/COMMENTS:
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W.H.M.I.S		
Are all “controlled materials” identified by either a Supplier label or a Workplace label?		
Is there an inventory list that identifies what W.H.M.I.S. materials are stored, used and handled at the facility?		
Are there material safety data sheets (MSDS) for each product on the inventory sheet?		
Are the MSDSs available in one central location accessible to all employees?		
Are flammables stored properly?		
Is there an eyewash station in the area?		
Is the eyewash station inspected monthly?		
Any other Concerns? (If yes, indicate in comment column)		
FIRST AID SAFETY		
Is there an “In Case of Injury” Poster (Form 82) located at the First Aid Station?		
Is there the appropriate First Aid Kit available at the facility for the number of employees employed?		
Is the First Aid Kit inspected each month?		
Is documentation of inspection available?		
Is there someone with a valid First Aid Certificate of Qualification at the facility?		
Is the certificate of the First Aid Attendant current? (Not more than 3 years from date of certification)		
Is the Joint Health and Safety Committee (JHSC) or the Health and Safety Representative reviewing the First Aid reports?		
Any other Concerns? (If yes, indicate in comment column)		
POSSIBLE HAZARDS	RATE HAZARD	NOTES/COMMENTS:
GENERAL		
Is there a Health and Safety Policy posted at the facility?		

Are the names and location of the Joint Health and Safety Committee members or the name of the Health and Safety Representative posted?		
Are the most recent Joint Health and Safety Committee meeting minutes posted?		
Are the Ontario Occupational Health and Safety Act and the Industrial Establishments Regulations posted where they are easily accessible to all employees?		
Any other Concerns? (If yes, indicate in comment column)		
Workers Contacted and their concerns?		
Supervisors Contacted and Concerns?		

Class "A" Hazard: Serious hazard requiring immediate attention (Stop Work)

Class "B" Hazard: Hazard requiring attention as soon as possible.

Class "C" Hazard: Hazard requiring attention

Copies To (For Action):		Date Forwarded:	
Copies To (For Information):		Date Forwarded:	
Signature of Inspector.	Reviewed by worker Co-Chair (Signature and Date):	Reviewed by Management Co-Chair (Signature and Date):	Reviewed by Management (Signature and Date)

Notes: _____
