

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?		
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?		
Are supplies and other material stored in or on shelves or file cabinets properly to avoid overloading and/or tipping?		
Any other Concerns? (if yes, indicate in comment column)		
Housekeeping acceptable?		
Aisle ways, Emergency Exits clear?		
Have all fire extinguishers been inspected within the last year? Is the tag initialed and dated?		
PRODUCTION AREAS		
Are products all stacked and stored properly?		
Is there free access between all rows?		
Are housekeeping standards being met?		
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?		
Qualified and licensed operators only?		
Wearing of available safety belts?		
Are operators trained to perform pre-use inspections?		
Are chemicals being properly stored?		
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:
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)
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Notes: _____

Health and Safety Hazard Identification and Recommendation Form

Date Hazard first identified:		Who identified the hazard?	
Recommendation #		Their position: Consultant	
Today's Date:			
Who will be notified of this hazard	<input type="checkbox"/> JHSC <input type="checkbox"/> Department manager	<input type="checkbox"/> Health and Safety Coordinator <input type="checkbox"/> Workers	<input type="checkbox"/> Employer <input type="checkbox"/> Ministry of Labour <input type="checkbox"/> Other: _____
Location of the Hazard			
Description of the hazard			
Rating of the hazard	A	B	C
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.			
Corrective Action Taken			
By Who:		When:	
Date completed:		Is further action required?	
Signatures:	Employer:	JHSC Members:	

Recommendations to the Manager or Employer regarding this Hazard (circle)

Date Recommendation is made to manager or employer:		Response must be made by:	
Is this recommendation a requirement of OHSA –Standard—best practice			
Our recommendation:			
Employers response:			
To be done by:			
Follow up by:			
To be copied to:			

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Date completed:		Is further action required?	
Signatures:	Employer:	JHSC Members:	

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**JOINT HEALTH AND SAFETY COMMITTEE AGENDA AND MINUTES
OF OUR SAFETY MEETING.**

Location:		Date of Meeting:	
Start Time:		Place of Meeting:	
Those who are attending this meeting;		Invited Guest(s):	
Agenda Topic: Review of Pervious minutes from last meeting		Time Required:	
Discussed:			
Is Action Required YES or NO Describe:			
Who is responsible		By when.	
Has a Hazard / Recommendation form been created? YES NO If yes ID #			
Agenda Topic: Accidents or incidents since our last meeting		Time Required:	
Discussed:			
Is Action Required YES or NO Describe:			
Who is responsible		By when.	
Has a Hazard / Recommendation form been created? YES NO If yes ID #			

Agenda Topic: Review First Aid Log		Time Required:
Discussed:		
Is Action Required YES or NO Describe:		
Who is responsible		By when.
Has a Hazard / Recommendation form been created? YES NO If yes ID #		
Agenda Topic: Review this months safety inspection report from worker rep		Time Required:
Discussed:		
Is Action Required YES or NO Describe:		
Who is responsible		By when.
Has a Hazard / Recommendation form been created? YES NO If yes ID #		
Agenda Topic: Review any Safety inspections from managers/supervisors		Time Required:
Discussed:		
Is Action Required YES or NO Describe:		
Who is responsible		By when.
Has a Hazard / Recommendation form been created? YES NO If yes ID #		

Agenda Topic: Reviewed elements of our safety program	Time Required:
Section Reviewed:	
Is Action Required YES or NO Describe:	
Who is responsible	By when.
Has a Hazard / Recommendation form been created? YES NO If yes ID #	

Agenda Topic: Other Business	Time Required:
Discussed:	
Is Action Required YES or NO Describe:	
Who is responsible	By when.
Has a Hazard / Recommendation form been created? YES NO If yes ID #	

Those in attendance please print your name and sign that you have reviewed the above safety meeting items and agree that it is a true reflection of the meeting activities.

For the Employer;	For the workers
End Time:	Date of next meeting:
Employers signature;	Date;

**Copies to all members of the JHSC -- Employer,
To be posted on the Health and Safety Notice Board**

Any person who has any questions or concerns about any item discussed during our safety meetings are encouraged to speak to a safety rep or your supervisor.