# WORKPLACE INSPECTION CHECKLIST

(Sample)

Ministry: ___________________  Date: ________  

Work Site Address: ________________________________________________  

Office Manager/Supervisor: ____________________________  

Inspected by:  

JOSH Worker Rep: ____________________________  
JOSH Employer Rep: ____________________________  

## Section 1: Safety Program

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1) Safety discussions are a standing agenda item at Team Meetings</td>
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<td>2) Staff know who their JOHS committee/representative(s) are</td>
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<td>3) Is there adequate and regular communication with JOHS committee/rep</td>
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<td>4) Bulletin Boards for posting safety information are present and organized</td>
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<td>5) JOSH Committee minutes posted from past 3 consecutive meetings</td>
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<td>6) JOSH Committee minutes include name and location of members</td>
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<td>7) Other</td>
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Comments: ____________________________________________________________

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## Section 2: Manuals and Education/Personnel

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<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1) All personnel have had Safety Education/Training/Review/Orientation for the work tasks they perform</td>
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<td>2) Ministry OHS Program Manual Available (hard copy) and current</td>
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<td>3) Site specific Safety procedures and information is readily available to workers</td>
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<td>4) Monthly Workplace Safety Inspection Checklist completed</td>
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<td>5) Incidents/Accidents are investigated</td>
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<td>6) Other</td>
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### Section 3: First Aid

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<tr>
<th>Yes</th>
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1. Level 1 or Level 2 First Aid Attendant(s) (FAA) certification current
2. FAA(s) has original certificate at worksite
3. FAA list and contact number is posted conspicuously throughout the area
4. First Aid Accident Record Books being used (Attendant & Office)
5. A notice indicating FAA authority and employer responsibility to report injuries is posted by first aid room or on OS board in no FA room
6. First Aid facility is clean, sanitary and FAA list posted on door (if applicable)
7. FAA’s kit properly stocked and orderly
8. Office First Aid kit properly stocked as per WorkSafeBC first aid guidelines
9. First Aid Assessment annual review completed: Dated:
10. Annual First Aid Drill completed: Dated:
11. Other

Comments:

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### Section 4: Violence in the Workplace

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<th>Yes</th>
<th>No</th>
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1. Local Workplace Violence Prevention Plan (WVPP) posted
2. Local WVPP has been communicated to all workers
3. Local WVPP Annual Review completed: Dated:
4. Reception counters are approx. 42” - 48” high
5. Distance between counter and worker is approx. 36” – 39”
6. Reception area is free of any potential projectiles or weapons
7. Reception area offers good line-of-sight for administration workers
8. Local Check-In/Out Procedures are utilized by all workers
9. In/Out board is out of public view (if applicable).
10. Workers exposed to risk of violence have been trained appropriately
11. Office hallway blinds remain open when worker has client in office
12. Other

Comments:

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Page 2
### Section 5: Working Alone or In Isolation

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<tr>
<th>Workplace has an up to date working alone procedure</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1) Workers working alone or in isolation are trained in ministry procedures</td>
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<td>2) Workers who are designated to check on co-workers are trained</td>
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<td>3) Time intervals for checking on workers involved JOSH and workers</td>
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<td>4) Ministry Check In/Out procedures are posted</td>
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<td>5) Satellite phone(s) maintained and available for use (if applicable)</td>
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<td>6) Other</td>
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### Section 6: Fire and Emergency Preparedness

| 1) Fire Extinguisher annual inspection tag present and dated with last inspection: Dated: | Yes | No | N/A |
| 2) Fire Extinguishers mounted approx. 3' above floor and near exits |     |    |     |
| 3) Fire Extinguisher operation reviewed. (P.A.S.S) |     |    |     |
| 4) Fire Extinguisher training provided, (if applicable i.e. fire suppression team) |     |    |     |
| 5) Exit signs displayed and visible |     |    |     |
| 6) Emergency lighting is in areas where a power failure would create a risk |     |    |     |
| 7) Emergency Exit routes provide unimpeded exit |     |    |     |
| 8) Emergency desk kits under workstations and meeting rooms desks |     |    |     |
| 9) Evacuation diagrams posted with proper orientation, accurate and current |     |    |     |
| 10) Workers know their emergency evacuation route and meeting area |     |    |     |
| 11) Flammable materials are controlled around office, under sinks and storage areas |     |    |     |
| 12) Annual Fire Drill done: Dated: |     |    |     |
| 13) Earthquake drills done: Dated: (if applicable) |     |    |     |
| 14) Chief Emergency Warden and alternate designated |     |    |     |
| 15) Emergency Warden(s) and alternate(s) designated |     |    |     |
| 16) Emergency Cabinet/Bag has content list posted and cabinet door locked |     |    |     |
| 17) Other |     |    |     |

Comments:

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### Section 7: Electrical

| 1) Exit signs that are lighted, have both bulbs lit (if applicable) | Yes | No | N/A |
| 2) Exit signs and emergency lighting power failure battery operational |     |    |     |
| 3) Breaker Panel - fuses are clearly labeled |     |    |     |
| 4) Electrical cords/power bars in good condition/tied out of the way |     |    |     |
| 5) Lighting appropriate for work area and tubes functioning where appropriate |     |    |     |
| 6) Lockout procedure followed i.e. clearing paper jams in copier/printer/shredder |     |    |     |
7) Baseboard heaters are clear of flammables (if applicable)  |  
8) Ceramic heaters are not in use as per ARES recommendations  |  
9) Other  |

Comments:____________________________________________________________________
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Section 8: Workplace Hazardous Materials Information System (WHMIS)  |  Yes  |  No  |  N/A  |
1) Workers have been trained in WHMIS appropriate to the workplace  |  
2) All janitorial cleaning containers labeled as per WHMIS requirements  |  
3) MSDS available and updated (Janitor room, and fire extinguisher)  |  
4) All controlled products labeled as per WHMIS requirements (if applicable)  |  
5) Appropriate spill procedure(s) posted (if applicable)  |  
6) List of carcinogens posted (if appropriate)  |  
7) Fuel containers secured/handled correctly. (if applicable)  |  
8) Other  |

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Section 9: Equipment  |  Yes  |  No  |  N/A  |
1) Equipment maintenance up to date i.e. panic alarms (if applicable)  |  
2) Stools stable, non-slip base, not missing rungs, no loose parts or cracks  |  
3) Copier/Fax/Paper Shredders/Printers - clear of clutter and safely stationed  |  
4) Safety Cones, or other means, to mark wet floors or other hazards are available and in good readable/functional condition  |  
5) PPE is maintained and in good condition (if applicable)  |  
6) Other  |

Comments:____________________________________________________________________
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Section 10: Indoor Air Quality  |  Yes  |  No  |  N/A  |
1) Air Quality is good and no dust collecting or obvious smells present  |  
2) No adverse health problems reported  |  
3) Indoor Air Quality complaints are documented and investigated  |  
4) Environmental tobacco smoke exposure is controlled  |  
5) Other  |
### Section 11: Ergonomics

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1) Safe work methods and practices are observed
2) Layout and condition of the workspace/station is of an ergonomic design
3) Objects and equipment handled are designed to eliminate/minimize risks
4) Physical demands of the work are acceptable
5) Workers know the signs and symptoms of a MSI
6) All workers have access to an ergonomic assessment
7) Other

Note: Assessors should utilize the Joint BCGEU/BCPSA ergonomic guidelines to assist them with this section

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### Section 12: Physical Environment

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1) Sufficient space overall and allow safe movement
2) Shelving is stable and not overloaded
3) Materials safely stacked (waist height for heavier materials)
4) Sufficient storage room
5) Supplies/boxes stored away from floor/aisles
6) Work space efficiently organized
7) Washroom facilities clean and sanitized
8) Lunch Room clean and free of contaminants
9) Aisles/passageways 44" wide (24" minimum exit from workspace)
10) File cabinets do not open into traffic areas
11) File cabinets secured to wall if more than 3 drawers high
12) Floors are safe from tripping/slipping hazards and are clean
13) Ground safe from tripping/falling hazards
14) Stairways are clutter free (if applicable)
15) Handrails/Guardrails are present and in good condition (if applicable)
16) Stairwell lighting is sufficient (if applicable)
17) Stairwell steps, treads, runners are in good condition (if applicable)
18) Outside doors close properly and are secure
19) Other
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Section 13: Other

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Supervisor/Manager comments (Optional):

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Follow-up: Date: ________

Have all items identified been corrected? Yes ☐ No ☐

If no, reason for no completion and estimated date of completion:

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Name of person following up: __________________________ Signature: __________________________

Distribution: Supervisor/Manager, JOSH Committee