



## WORKPLACE INSPECTION CHECKLIST (Sample)

Ministry: \_\_\_\_\_

Date: \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Office Manager/Supervisor: \_\_\_\_\_

Inspected by:

JOSH Worker Rep: \_\_\_\_\_

JOSH Employer Rep: \_\_\_\_\_

Section 1: Safety Program	Yes	No	N/A
1) Safety discussions are a standing agenda item at Team Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Staff know who their JOHS committee/representative(s) are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is there adequate and regular communication with JOHS committee/rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Bulletin Boards for posting safety information are present and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) JOSH Committee minutes posted from past 3 consecutive meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) JOSH Committee minutes include name and location of members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
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Section 2: Manuals and Education/Personnel	Yes	No	N/A
1) All personnel have had Safety Education/Training/Review/Orientation for the work tasks they perform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Ministry OHS Program Manual Available (hard copy) and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Site specific Safety procedures and information is readily available to workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Monthly Workplace Safety Inspection Checklist completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Incidents/Accidents are investigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Section 3: First Aid</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Level 1 or Level 2 First Aid Attendant(s) (FAA) certification current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) FAA(s) has original certificate at worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) FAA list and contact number is posted conspicuously throughout the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) First Aid Accident Record Books being used (Attendant & Office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) First Aid facility is clean, sanitary and FAA list posted on door (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) FAA's kit properly stocked and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Office First Aid kit properly stocked as per WorkSafeBC first aid guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) First Aid Assessment annual review completed: Dated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Annual First Aid Drill completed: Dated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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<b>Section 5: Working Alone or In Isolation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Workplace has an up to date working alone procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Workers working alone or in isolation are trained in ministry procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Workers who are designated to check on co-workers are trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Time intervals for checking on workers involved JOSH and workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Ministry Check In/Out procedures are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Satellite phone(s) maintained and available for use (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Comments:

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<b>Section 7: Electrical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Exit signs that are lighted, have both bulbs lit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Exit signs and emergency lighting power failure battery operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Breaker Panel - fuses are clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Electrical cords/power bars in good condition/tied out of the way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lighting appropriate for work area and tubes functioning where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lockout procedure followed i.e. clearing paper jams in copier/printer/shredder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Baseboard heaters are clear of flammables (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Ceramic heaters are not in use as per ARES recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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<b>Section 10: Indoor Air Quality</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Air Quality is good and no dust collecting or obvious smells present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) No adverse health problems reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Indoor Air Quality complaints are documented and investigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Environmental tobacco smoke exposure is controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Section 11: Ergonomics</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Safe work methods and practices are observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Layout and condition of the workspace/station is of an ergonomic design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Objects and equipment handled are designed to eliminate/minimize risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Physical demands of the work are acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Workers know the signs and symptoms of a MSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) All workers have access to an ergonomic assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Assessors should utilize the Joint BCGEU/BCPSA ergonomic guide lines to assist them with this section			

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<b>Section 12: Physical Environment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Sufficient space overall and allow safe movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Shelving is stable and not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Materials safely stacked (waist height for heavier materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Sufficient storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Supplies/boxes stored away from floor/aisles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Work space efficiently organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Washroom facilities clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lunch Room clean and free of contaminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Aisles/passageways 44" wide (24 " minimum exit from workspace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) File cabinets do not open into traffic areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) File cabinets secured to wall if more than 3 drawers high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Floors are safe from tripping/slipping hazards and are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Ground safe from tripping/falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Stairways are clutter free (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Handrails/Guardrails are present and in good condition (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Stairwell lighting is sufficient (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Stairwell steps, treads, runners are in good condition (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Outside doors close properly and are secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 13: Other	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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*