

Form A

Workplace Inspection Schedule

Year:	Name of responsible worker (Worker to initial date on which inspection is completed): _____																														
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Form B

Workplace Inspection Details

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Worker common area(s)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Ensure that the following information is posted in your common area(s):</p> <ol style="list-style-type: none"> 1. Copies of the OHSA, the Ministry of Labour’s current “Health & Safety at work: Prevention Starts Here” poster and the Business’s Health and Safety Program and General Policies; 2. The name(s) and work location(s) of the Business’s HSR or JHSC members; 3. The names and work locations of all trained first aid providers and copies of their completed training certificates; and 4. Emergency contact numbers and a copy of the Business’s emergency response plan. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Work surfaces	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect all work surfaces within the workplace and: 1. Ensure that all work surfaces are clear and free of debris; 2. Ensure that work surfaces are free of any dangerous items and materials, such as knives, sharp tools and dangerous chemicals; and 3. Ensure that there are no sharp edges or protrusions on any work surfaces that could pose a risk of harm to a worker.		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Storage rooms	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect all storage rooms in the workplace and ensure that: 1. Any and all shelves are securely fastened in place and properly anchored against the walls and/or the floors; 2. All chemicals, detergents and other poisonous or hazardous substances are stored separately from foodstuffs; 3. All heavy items and objects are stored between shoulder and knee height; 4. No shelves or any other storage units are overloaded; 5. That the floor space is free of obstructions; and that 6. Passages and entryways are not blocked.		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Refridgeration units	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all re Fridgeration unit(s) in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. There is no mould inside the unit(s); 2. The interior and exterior surfaces of the unit(s) are cleaned and wiped down; 3. There is no build-up of frost and the unit(s) is/are functioning normally; and 4. If inspecting a walk-in unit, then, in addition to the foregoing, ensure that: <ol style="list-style-type: none"> a. There are no spills on the floor, and if so, wipe or mop them up immediately; b. The floorspace is free of any obstructions or obstacles; and that c. There is adequate lighting. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Washrooms	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all washrooms in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All soap and/or hand sanitizer dispensers are fully stocked and working properly; 2. All toilets, urinals and door locks are functioning properly; 3. Toiletpaper and paper towel dispensers are fully stocked and working properly; 4. Any hand drying machines are working properly; 5. Floor surfaces are mopped and dried, and if necessary, markers are being used to indicate any wet surface areas; and that 6. Floor surfaces are free of any obstructions or obstacles. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
HVAC and ventilation systems	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all HVAC, heating, airconditioning and ventilation systems in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. There are no air quality issues; 2. That all filters are clean, and if not, that they are replaced in accordance with applicable manufacturer’s specifications, or alternatively, best practices; and that 3. All ventilation ducts are free and clear of any obstructions or obstacles. <p>If necessary, contact the applicable manufacturer or technician to ensure that proper maintenance is being performed by the Business.</p>		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Noise	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and interact with workers to ensure that:</p> <ol style="list-style-type: none"> 1. There are no noise control issues; 2. You are able to speak comfortably with coworkers without having to raise your voice; 3. There are no sources of eminently loud noises in the immediate vicinity of workers, and if so, ensure that all workers are using proper personal protective equipment; and 4. If any worker has a noise complaint (e.g., the need to yell to be heard, ringing ears, etc.), that it is properly documented and brought to the attention of management. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Equipment storage maintenance (e.g., machinery, ladders, PPE, batteries, dollies, straps, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All workplace equipment, machinery and personal protective equipment is in proper working condition and is being stored properly, in the correct location(s) and in accordance with manufacturers’ specifications, if applicable, as well as any applicable workplace policies; 2. All equipment that is required to be locked and guarded is, in fact, locked and guarded according to applicable safety specifications and workplace policies; and that 3. All equipment, machinery and personal protective equipment is being maintained according to all applicable manufacturer’s specifications and workplace policies, and if necessary, ensure that proper maintenance is scheduled. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Vehicles and heavy machinery (e.g., trucks, cars, forklifts, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that all vehicles and items of heavy machinery:</p> <ol style="list-style-type: none"> 1. Are in proper working condition by, among other things, conducting walk-arounds and visual inspections of all surfaces, mechanisms, dials and gauges and looking for defects such as defective locks, defective steering mechanisms, damaged tires, significant dents or surface cracks, damaged mirrors, damaged windshields or damages headlights or brake lights; 2. Are not leaking fluid of any kind, such as oil, gas or brake fluid; and 3. Have been serviced, inspected and maintained according to manufacturers’ specifications and all applicable workplace policies, and if not, immediately notify management. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Training logs	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect the workplace and ensure that: 1. All necessary training has been completed (e.g., basic awareness training, JHSC certified training, etc.); 2. All training logs have been properly completed and filled out; and that 3. All training logs are up to date.		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Material handling	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. Proper equipment is being used to move or carry material – e.g., that dollies or carts are being used to carry heavy, dangerous, cumbersome and/or awkward items; and that 2. Individuals moving heavy, dangerous, cumbersome and/or awkward items are using proper personal protective equipment and are receiving appropriate assistance. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Fire safety	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect the workplace and ensure that: 1. All portable fire extinguishers are secured, unobstructed and have proper maintenance and service tags attached to them; 2. All fire exits are clearly marked, illuminated and free of any obstructions or obstacles; and that 3. All sprinkler heads are clearly visible and free of any obstructions or obstacles, such as stacks of boxes or other equipment.		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Floors and walkways	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All floorspaces are dry, clean and free of any dangerous obstructions, obstacles or obvious tripping hazards, such as boxes, drawers, trash or storage bins and wires; 2. All floor drains are exposed, clean and unobstructed; and that 3. Any unavoidable or temporary hazards, such as electrical wires, safety equipment or wet surfaces (such as recently mopped floorspaces) are clearly marked, such as through the use of orange hazard cones. 		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Chemicals and hazardous materials (e.g., chlorine bleach, needles, units of compressed gas, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect the workplace and ensure that: 1. All chemicals and other hazardous materials and dangerous substances are stored in a secure location in accordance with all applicable specifications, laws and workplace policies; 2. That all door locks and other safety features installed to secure chemicals and other hazardous materials and dangerous substances are working properly and have not been tampered with; and that 3. All chemicals and other hazardous materials and dangerous substances are properly labelled in accordance with the OHS Act and all of the regulations thereto, as amended from time to time (including R.R.O. 1990, Ontario Regulation 860, “Workplace Hazardous Materials Information System”).		

Form B

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
First aid and emergency plans	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. Trained first aid personnel are in place; 2. All trained first aid personnel have up-to-date certification; 3. All first aid stations are in proper working order and that all first aid kits are properly stocked in accordance with all legal requirements and all applicable workplace policies; 4. Any and all workplace incidents that required first aid have been properly recorded and logged; 5. All emergency showers and wash stations are in proper working order; and that 6. The Business’s emergency response plan is up to date and posted in the correct location. 		

Form B

AREA INSPECTED	DETAILS OF INSPECTION	RECOMMENDATIONS
Date completed (dd/mm/yyyy):		
Other (please specify):	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
First name of worker	Last name of worker	
Date (dd/mm/yyyy)	Signature	
By signing above, I confirm that the contents of this report are true and accurate to the best of my knowledge.		

Form C

Workplace Housekeeping Schedule

Year:	Name of responsible person (Person to initial date on which cleaning work is completed): _____																														
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Form D

Workplace Housekeeping Completion Form

HOUSEKEEPING WORK DETAILS				
Worker/Cleaner name: _____				
Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial

Form D

HOUSEKEEPING WORK DETAILS

Worker/Cleaner name: _____

Area cleaned	Cleaning work performed	Date cleaned (dd/mm/yyyy)	Comments or concerned	Worker Initial
First name of worker/cleaner		Last name of worker/cleaner		
Date (dd/mm/yyyy)		Signature		
By signing above, I confirm that the contents of this report are true and accurate to the best of my knowledge.				