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Corporation of the County of Essex EMERGENCY MEDICAL SERVICES



PASS

## MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment                        | PASS |
|--|------|
| Parking lot free of obstacles            |      |
| Walkways free of obstacles               |      |
| Building exterior sound                  |      |
| Garage doors functioning properly        |      |
| Garage doors open manually               | ~    |
| Man doors opening/closing properly       | 1    |
| Man doors secure                         | ~    |
| Windows functional / secure              | 1    |
| Outdoor lighting sufficient / functional | TV   |
| Outdoor seating / tables                 |      |
| Fuelling Stations                        |      |

| No slip / trip hazards               | VI  |
|--------------------------------------|-----|
| Extension cords in good condition    | V   |
| Free of loose wires / cables / cords |     |
| No overloaded receptacles            |     |
| Area carpets in good condition       | 01  |
| Floors clean and clear               |     |
| Furniture in good working order      |     |
| Lighting adequate and functioning    |     |
| Air Conditioning functioning         | DV/ |
| Heat adequate and functioning        |     |
| Air quality adequate                 |     |

Office / Crew Room / Meeting Room

| Garage                                  | P | ASS |
|---|---|-----|
| Clean and clear of obstacles            |   | 1   |
| GFI's functioning                       | 1 |     |
| Extension cords in good condition       |   | V   |
| Chemicals stored properly               |   | 0   |
| Goggles and gloves available            |   | V   |
| All Chemicals labelled                  |   | 1   |
| All equipment stored securely           |   | 1   |
| Floor drains clear                      |   | 5   |
| Heat functioning                        | 1 | £2  |
| Oxygen stored securely and in safe area |   | 1   |
| Exhaust fan functioning                 |   |     |
| No Smoking sign                         |   |     |
| Clear of spills                         |   |     |
| Hazard container present                |   |     |
| Fire extinguisher                       | _ | 4   |
| Evidence of leaks/spills                | < | 1   |
| Spill collection container              |   |     |
| Lighting                                |   |     |
|   |   | V   |

| Medical Supply Room    | PASS |
|------------------------|------|
| No slip / trip hazards |      |
| Floor clean and clean  |      |
| Supplies adequate      |      |

| Emergency Equipment                        | PASS |
|--|------|
| Equipment in good working order            |      |
| Extinguishers accessible, tagged and dated | 1    |
| Detectors tested and functional            |      |
| Eye wash station functional                |      |
| First Aid Kit checked and log signed       | 1    |
| Emergency lighting in good order           | · ·  |
| Exit signs illuminated                     |      |
| Exit doors free of obstructions            |      |
| Pull stations accessible                   |      |

| <u>Kitchen / Bathroom</u>            | PASS |
|--------------------------------------|------|
| No slip / trip hazards               | (    |
| Extension cords in good condition    | V    |
| No overloaded receptacles            | U    |
| Area carpets in good condition       | 1    |
| Floors clean and clear               | 1-K  |
| Lighting adequate and functioning    |      |
| Hand Sanitizers available and filled | ~    |
| Toilet / Shower functioning          | 1    |
| Appliances in good order             | V    |

| Posting and Documents          | PASS |
|--------------------------------|------|
| Mandatory postings present     | 1    |
| MSDS current (within 3 years)  | /    |
| Evacuation plan available      |      |
| Updated floor plans            | Λ    |
| Emergency numbers and contacts |      |
| Minutes posted                 |      |

7 May Pelee DATE: \_ BASE:

ITEMS NOT CHECKED OFF AS PASSING INSPECTION MUST BE ADDED TO THE HAZARDS FORM ON REVERSE



Corporation of the County of Essex EMERGENCY MEDICAL SERVICES



MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS:** - Emergency 1.58 ting not weeking

-Barnt Lizb in Starr well. -No snoke alarn in hall -16725+1 farnice filter for upstairs. Broken window - Wont open on 4 - Wong Close ou Rt. -leck on RD size of AC. - Mattresses cige? - Binds in Room broken. 24 wide & 46 Long. - Watter Leokney from the dirain in buthroom. - Coulking a round shower + Vomity missing. - No GFI on plug New Sink. Brecker # 1-3 Inspected By: Labour Inspector Management Inspector



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## MONTHLY WORKPLACE INSPECTION CHECKLIST

| <u>Outdoor Equipment</u>                 | PASS |
|--|------|
| Parking lot free of obstacles            |      |
| Walkways free of obstacles               |      |
| Building exterior sound                  |      |
| Garage doors functioning properly        | V    |
| Garage doors open manually               |      |
| Man doors opening/closing properly       | V    |
| Man doors secure                         | /    |
| Windows functional / secure              | /    |
| Outdoor lighting sufficient / functional | 1    |
| Outdoor seating / tables                 | 1    |
| Fuelling Stations                        | 1    |

| Office / Crew Room / Meeting Room    | PASS |
|--------------------------------------|------|
| No slip / trip hazards               | 0    |
| Extension cords in good condition    |      |
| Free of loose wires / cables / cords |      |
| No overloaded receptacles            |      |
| Area carpets in good condition       |      |
| Floors clean and clear               |      |
| Furniture in good working order      |      |
| Lighting adequate and functioning    | 12   |
| Air Conditioning functioning         |      |
| Heat adequate and functioning        |      |
| Air quality adequate                 |      |

| Garage                                  | PASS                 |
|---|----------------------|
| Clean and clear of obstacles            | $\langle$            |
| GFI's functioning                       | 1 i                  |
| Extension cords in good condition       | 11                   |
| Chemicals stored properly               | 2                    |
| Goggles and gloves available            |                      |
| All Chemicals labelled                  | L                    |
| All equipment stored securely           | L                    |
| Floor drains clear                      |                      |
| Heat functioning                        | 1                    |
| Oxygen stored securely and in safe area |                      |
| Exhaust fan functioning                 |                      |
| No Smoking sign                         | (                    |
| Clear of spills                         | M                    |
| Hazard container present                | 0                    |
| Fire extinguisher                       | V                    |
| Evidence of leaks/spills                | C                    |
| Spill collection container              | $\boldsymbol{\zeta}$ |
| Lighting                                | ~                    |

| <u>Kitchen / Bathroom</u>            | PASS |
|--------------------------------------|------|
| No slip / trip hazards               |      |
| Extension cords in good condition    |      |
| No overloaded receptacles            |      |
| Area carpets in good condition       |      |
| Floors clean and clear               |      |
| Lighting adequate and functioning    |      |
| Hand Sanitizers available and filled | 0-   |
| Toilet / Shower functioning          | X    |
| Appliances in good order             |      |
| Posting and Documents                | PASS |

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| Medical Supply Room    | PASS |
|------------------------|------|
| No slip / trip hazards |      |
| Floor clean and clear  |      |
| Supplies adequate      |      |

| Emergency Equipment                        | PASS   |
|--|--------|
| Equipment in good working order            | Ci     |
| Extinguishers accessible, tagged and dated | to     |
| Detectors tested and functional            |        |
| Eye wash station functional                | $\sim$ |
| First Aid Kit checked and log signed       |        |
| Emergency lighting in good order           |        |
| Exit signs illuminated                     |        |
| Exit doors free of obstructions            | V      |
| Pull stations accessible                   |        |

BASE: Pelae Bon DATE: 17 May  $\boldsymbol{\omega}$ 

ITEMS NOT CHECKED OFF AS PASSING INSPECTION MUST BE ADDED TO THE HAZARDS FORM ON REVERSE



Corporation of the County of Essex EMERGENCY MEDICAL SERVICES



MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**: - Energency Lighting Net Working.

-Dinds in Carase if door is open (Nesting) - Smattico Defector on wall not falling - Garage door prechene sonsor not working. - Of Receptical Box in garage broken (Repaired.) - Floracent lights in yaras not working +6 (8'balles - Leaking Tap in garage .. - Emerg Light in garage Not Working. . (Electrical room, Enge vagen) - CO Dete tor confle wall is Not on ? - Eye wash exp oct 20/6 - OH + S Sock 2009 voy ion. Butterios is such darms to be charged. Back -Inspected By Labour Inspector Management Inspector