## MONTHLY WORKPLACE INSPECTION CHECKLIST

 SUBMIT IN SHIFT ENVELOPE BY THE $7^{\text {Th }}$ DAY OF EACH MONTH
## Please forward all completed forms to District Chief YOE NARDONE



| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


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


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



| Kitchen / Bathroom | 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 |  |
| Toilet/ Shower functioning |  |
| Appliances in good order |  |


| Posting and Documents | PASS |
| :--- | :---: |
| Mandatory postings present | $X$ |
| MSDS current (within 3 years) |  |
| Evacuation plan available |  |
| Updated floor plans |  |
| Emergency numbers and contacts | $X$ |
| Minutes posted | $X$ | Bottle not property labelled in training room. storage foo Boxes in

electrical room.
no $\mathrm{H}+\mathrm{s}$ contact list No Hos menus available. No outside Table/ seating

Dart: March $20 / 15$ bass: Tecumseh

MONTHLY WORKPLACE INSPECTION CHECKLIST
SUBMIT IN SHIFT ENVELOPE BY THE $7^{\text {TH }}$ DAY OF EACH MONTH
please forward all completed forms to District Chief JOE NARDONE

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables | $\checkmark$ |
| Fuelling Stations | NlA |



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


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

Date: March 20/2015


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning | $\checkmark$ |
| Appliances in good order |  |


| Posting and Documents | PASS |
| :--- | :--- |
| Mandatory postings present | . |
| MSDS current (within 3 years) | $\boxed{ }$ |
| Evacuation plan available |  |
| Updated floor plans | $\boxed{ }$ |
| Emergency numbers and contacts | $X$ |
| Minutes posted | $X$ |

light musing tichech
6. In in gan age (puled dan plug) misery lout of date. contact intimation $\mathrm{H}+5$ mounts not poo ted

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
SUBMIT IN SHIFT ENVELOPE BY THE $7^{\text {TH I }}$ DAY OF EACH MONTH
Please forward all completed forms to District Chief JOE NARDONE

| 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 |  |
| Man doors secure |  |
| Windows functional/ secure |  |
| Outdoor lighting sufficient/ functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


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


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

da ts: March 20/2015

| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


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

Raped remover-NOMSDS
Temporary ventilation bettor
NoT Fact tonal bit hall lights out in ba th usm hallasy sap dispercer on flo on of
Min's Change coom.
Sim perm nom st need reiminimon stans freallam for sin perm 100 m . but of date contact A's missing minutes of $\mathrm{H}+5$ S. Messing mivetes of Hoses ont base: Mercer when flushed.

ITEMS NOT CHECKED OFF AS PASSING INSPECTION MUST BE ADDED TO THE HAZARDS FORM ON REVERSE
please forward all completed forms to District Chief JOE NARDONE

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


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


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


| Kitchen / Bathroom | PASS |
| :--- | :--- |
| No slip/ /rip 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


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

Butt stop -needed

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


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




 snap the mot pray bootes not labelled proper.

MONTHLY WORKPLACE INSPECTION CHECKLIST
SUBMIT IN SHIFT ENVELOPE BY THE $7^{\text {TH }}$ DAY OF EACH MONTH
Please forward all completed forms to District Chief JOE NARDONE

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


| Posting and Documents | PASS |
| :--- | :--- |
| Mandatory postings present | $X$ |
| MSDS current (within 3 years) | $V$ |
| Evacuation plan available | $\checkmark$ |
| Updated floor plans | $\boxed{ }$ |
| Emergency numbers and contacts | $X$ |
| Minutes posted | $X$ |
| Na@hen |  |


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

labelled.
no $\mathrm{H}+\mathrm{Sminutes}$
$H+S$ contact numbers

| Emergency Equipment | PASS |
| :--- | :--- |
| Equipment in good working order |  |
| Extinguishers accessible, tagged and dated |  |
| Detectors tested and functional | ONO |
| Eye wash station functional |  |
| First Aid Kit checked and log signed |  |
| Emergency lighting in good order | C NO |
| Exit signs illuminated |  |
| Exit doors free of obstructions |  |
| Pull stations accessible |  | Cover los probe needs to be fred.



# MONTHLY WORKPLACE INSPECTION CHECKLIST 

SUBMIT BY $15^{\text {TH }}$ DAY OF MONTH

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Office / Crew Room / Meeting Room | PASS |
| :--- | :---: |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning | V |
| Air quality adequate |  |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles | $\checkmark$ |
| GFI's functioning | $\checkmark$ |
| Extension cords in good condition | $\checkmark$ |
| Chemicals stored properly | $\checkmark$ |
| Goggles and gloves available |  |
| All Chemicals labelled | $\checkmark$ |
| All equipment stored securely | $\checkmark$ |
| Floor drains clear | $\checkmark$ |
| Heat functioning | $\checkmark$ |
| Oxygen stored securely and in safe area | $\checkmark$ |
| Exhaust fan functioning | $\checkmark$ |
| No Smoking sign | $\checkmark$ |
| Clear of spills | $\checkmark$ |
| Hazard container present | $\checkmark$ |
| Fire extinguisher | $\checkmark$ |
| Evidence of leakssspills | $\checkmark$ |
| Spill collection container | $\checkmark$ |
| Lighting |  |


| Kitchen / Bathroom | PASS |
| :--- | :---: |
| No slip / trip hazards |  |
| Extension cords in good condition |  |
| No overloaded receptacles |  |
| Area carpets in good condition | $\checkmark$ |
| Floors clean and clear | $\checkmark$ |
| Lighting adequate and functioning | $\checkmark$ |
| Hand Sanitizers available and filled | $\checkmark$ |
| Toilet / Shower functioning | $\checkmark$ |
| Appliances in good order |  |


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


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


| Emergency Equipment | PASS |
| :--- | :--- |
| Equipment in good working order |  |
| Extinguishers accessible, tagged and dated |  |
| Detectors tested and functional |  |
| Eye wash station functional |  |
| First Aid Kit checked and log signed |  |
| Emergency lighting in good order |  |
| Exit signs illuminated |  |
| Exit doors free of obstructions |  |
| Pull stations accessible |  | ONTIC LIST UPDATE DISC - DOWNSPOUT AT FRONT



DATE:


BASE:


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

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


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



| Emergency Equipment | PASS |
| :--- | :--- |
| Equipment in good working order |  |
| Extinguishers accessible, tagged and dated |  |
| Detectors tested and functional |  |
| Eye wash station functional |  |
| First Aid Kit checked and log signed |  |
| Emergency lighting in good order |  |
| Exit signs illuminated |  |
| Exit doors free of obstructions | $\mathrm{N} / \mathrm{A}$ |
| Pull stations accessible |  |

- NEED TO POST CURRENT $H+5$ MEMBERS (UPDATED LIST) - OUTSIdE GiVER consinuation


BASE: CIvic Canton

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations | N/A |


| Garage | PASS |
| :--- | :--- |


| Clean and clear of obstacles | PASS |
| :--- | :--- |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |

Chemicals stored properly
All equipment stored securely
Floor drains clear
Heat functioning
Oxygen stored securely and in safe area
Exhaust fan functioning
No Smoking sign
Clear of spills
Hazard container present
Fire extinguisher
Evidence of leaks/spills
Spill collection container
Lighting $\qquad$

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


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


| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


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

- EyE wASH SOLUTION EXPIRED - later line from water COOLER NEEDS TO BE CLIPPED (MOUNTED) UPDATE JHSC LIST


DARt: Areca $23 / 15$
BASE: LAKESHORE
ITEMS NOT CHECKED OFF AS PASSING INSPECTION MUST BE ADDED TO THE HAZARDS FORM ON REVERSE

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Garage | PAS 8 |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning | $\checkmark$ |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning | $\checkmark$ |
| No Smoking sign | $\checkmark$ |
| Clear of spills | $\checkmark$ |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


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


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


| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Kitchen / Bathroom | PASS |
| :--- | :--- |
| No slip / trip hazards | $\checkmark$ |
| 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


| Posting and Documents | PASS |
| :--- | :--- |
| Mandatory postings present | $\checkmark$ |
| MSDS current (within 3 years) | $\checkmark$ |
| Evacuation plan available | $\checkmark$ |
| Updated floor plans |  |
| Emergency numbers and contacts | $\checkmark$ |
| Minutes posted | $\checkmark$ |

- Emergencos Lighting in Mans WASH Room Not functioning - Eyer ash out of DATE

DATE:



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

County of
Essex

## MONTHLY WORKPLACE INSPECTION CHECKLIST

SUBMIT BY $15{ }^{\mathrm{TH}}$ DAY OF MONTH

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |
|  |  |



| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFl's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present | NO |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


| Kitchen / Bathroom | PASS |
| :--- | :---: |
| No slip / trip hazards | $\checkmark$ |
| Extension cords in good condition | $\checkmark$ |
| No overloaded receptacles |  |
| Area carpets in good condition |  |
| Floors clean and clear |  |
| Lighting adequate and functioning | $\checkmark$ |
| Hand Sanitizers available and filled | $\checkmark$ |
| Toilet / Shower functioning | $\checkmark$ |
| Appliances in good order | $\checkmark$ |


| Posting and Documents | PASS |
| :--- | :---: |
| Mandatory postings present |  |
| MSDS current (within 3 years) | $\checkmark$ |
| Evacuation plan available | $\checkmark$ |
| Updated floor plans |  |
| Emergency numbers and contacts | $\checkmark$ |
| Minutes posted |  |


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


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

- First AID cuncucist neared
-FOB SYSTEM FOR GARAGE BALF DOMR e CRKW Doors NOT wonkiest
- UPDATED JHSC RKPLEST


Eros.

DATE:


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

| Outdoor Equipment | PASS |
| :--- | :--- |
| Parking lot free of obstacles | $\checkmark$ |
| Walkways free of obstacles | $\checkmark$ |
| Building exterior sound | $\checkmark$ |
| Garage doors functioning properly | $\checkmark$ |
| Garage doors open manually | $\checkmark$ |
| Man doors opening/closing properly | $\checkmark$ |
| Man doors secure | $\checkmark$ |
| Windows functional / secure | $\checkmark$ |
| Outdoor lighting sufficient / functional | $\checkmark$ |
| Outdoor seating / tables | $\checkmark$ |
| Fuelling Stations | N/A |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles | $\checkmark$ |
| GFI's functioning | $\checkmark$ |
| Extension cords in good condition | $\checkmark$ |
| Chemicals stored properly | $\checkmark$ |
| Goggles and gloves available | $\checkmark$ |
| All Chemicals labelled | $\checkmark$ |
| All equipment stored securely | $\checkmark$ |
| Floor drains clear | $\checkmark$ |
| Heat functioning | $\checkmark$ |
| Oxygen stored securely and in safe area | $\checkmark$ |
| Exhaust fan functioning | $\checkmark$ |
| No Smoking sign | $V$ |
| Clear of spills | $\checkmark$ |
| Hazard container present | $N / A$ |
| Fire extinguisher | $\checkmark$ |
| Evidence of leaks/spills | $X$ |
| Spill collection container | /A |
| Lighting | $\checkmark$ |


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


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

DATE:


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

MONTHLY WORKPLACE INSPECTION CHECKLIST
SUBMIT BY $15^{\text {TH }}$ DAY OF MONTH

| 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 |  |
| Man doors secure |  |
| Windows functional / secure |  |
| Outdoor lighting sufficient / functional |  |
| Outdoor seating / tables |  |
| Fuelling Stations |  |


| Garage | PASS |
| :--- | :--- |
| Clean and clear of obstacles |  |
| GFI's functioning |  |
| Extension cords in good condition |  |
| Chemicals stored properly |  |
| Goggles and gloves available |  |
| All Chemicals labelled |  |
| All equipment stored securely |  |
| Floor drains clear |  |
| Heat functioning |  |
| Oxygen stored securely and in safe area |  |
| Exhaust fan functioning |  |
| No Smoking sign |  |
| Clear of spills |  |
| Hazard container present |  |
| Fire extinguisher |  |
| Evidence of leaks/spills |  |
| Spill collection container |  |
| Lighting |  |


| Office / Crew Room / Meeting Room | PASS |
| :--- | :--- |
| No slip / trip hazards |  |
| 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 |  |
| Air Conditioning functioning |  |
| Heat adequate and functioning |  |
| Air quality adequate |  |


| Kitchen / Bathroom | 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 |  |
| Toilet / Shower functioning |  |
| Appliances in good order |  |


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


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

- NEED UPDATED UH.S MEMBER LIST.
- EYEWASH BOTTLE EXPIRED \& NEEDS TO BE REPLACED

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

DATE:


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

