



MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | |
| Walkways free of obstacles | / |
| Building exterior sound | 1 |
| 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 | 2)A |

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | |
| GFI's functioning | |
| Extension cords in good condition | 1 |
| Chemicals stored properly | / |
| Goggles and gloves available | 1 |
| All Chemicals labelled | |
| All equipment stored securely | / |
| Floor drains clear | |
| Heat functioning | |
| Oxygen stored securely and in safe area | 1, |
| Exhaust fan functioning | 1 |
| No Smoking sign | 1 |
| Clear of spills | 1 |
| Hazard container present | 1 |
| Fire extinguisher | |
| Evidence of leaks/spills | X |
| 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 | 30 |
| Extinguishers accessible, tagged and dated | |
| Detectors tested and functional | 1 |
| Eye wash station functional | 1 |
| First Aid Kit checked and log signed | 1 |
| Emergency lighting in good order | × |
| Exit signs illuminated | 1 |
| 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 | 1 |
| No overloaded receptacles | / |
| Area carpets in good condition | |
| Floors clean and clear | 1 |
| Furniture in good working order | / |
| Lighting adequate and functioning | 1 |
| 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 | X |
| Area carpets in good condition | 1 |
| 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 | N |
| Minutes posted | نع ا |

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@ MINNERS /INSPECTIONS SEPT/OUT

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B WEATHER STRIP ON MAN

DATE: Nov 9 17 BASE: Hi3mh





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

Labour Inspector

Inspected By:

Management Inspector





MONTHLY WORKPLACE INSPECTION CHECKLIST

| | | | - | 70 |
|--|------|--------------------------------------|-------|-------|
| Outdoor Equipment | PASS | Office / Crew Room / Meeting Room | PASS | |
| Parking lot free of obstacles | ./ | No slip / trip hazards | | |
| Walkways free of obstacles | | Extension cords in good condition | | |
| Building exterior sound | | Free of loose wires / cables / cords | | |
| Garage doors functioning properly | | No overloaded receptacles | | |
| Garage doors open manually | 1 | Area carpets in good condition | | |
| Man doors opening/closing properly | | Floors clean and clear | | |
| Man doors secure | | Furniture in good working order | | |
| Windows functional / secure | / | Lighting adequate and functioning | | |
| Outdoor lighting sufficient / functional | | Air Conditioning functioning | | |
| Outdoor seating / tables | | Heat adequate and functioning | | |
| Fuelling Stations | MI | Air quality adequate | | |
| Garage | PASS | Kitchen / Bathroom | PASS | |
| Clean and clear of obstacles | | No slip / trip hazards | 1 | |
| GFI's functioning | / | Extension cords in good condition | | |
| Extension cords in good condition | 1 | No overloaded receptacles | / | |
| Chemicals stored properly | 1 | Area carpets in good condition | | |
| Goggles and gloves available | 1 | Floors clean and clear | | |
| All Chemicals labelled | 1 | Lighting adequate and functioning | _ | |
| All equipment stored securely | | Hand Sanitizers available and filled | / | |
| Floor drains clear | | Toilet / Shower functioning | | |
| Heat functioning | | Appliances in good order | | |
| Oxygen stored securely and in safe area | 1 | | | |
| Exhaust fan functioning | 1 | Posting and Documents | PASS | |
| No Smoking sign | | Mandatory postings present | | |
| Clear of spills | | MSDS current (within 3 years) | | |
| Hazard container present | 1 | Evacuation plan available | 1 | |
| Fire extinguisher | | Updated floor plans | | |
| Evidence of leaks/spills | | Emergency numbers and contacts | ~ (1) | |
| Spill collection container | | Minutes posted | \$ U | |
| Lighting | 1 | | کیم | |
| Medical Supply Room | PASS | OMINUTES /INSPICT | _ | |
| No slip / trip hazards | 1 | 8001 100 | -1 | , |
| Floor clean and clear | | | | GANAH |
| Supplies adequate | - | O / Specon Oct. | , | |
| | | MIST | ショート | |
| Emergency Equipment | PASS | * | | |
| Equipment in good working order | 1 | | | |
| Extinguishers accessible, tagged and dated | | 6 | | |
| Detectors tested and functional | X | 2 | | |
| 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: | 1030 | | BASE: | 63 | SEX | |
|-------|------|------|-------|----|-----|--|
| | | | | | | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | |
| Walkways free of obstacles | 1 |
| 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 | 1/, |
| Fuelling Stations | NH |

| Garage | PASS PASS |
|---|-----------|
| Clean and clear of obstacles | / |
| GFI's functioning | 1 |
| Extension cords in good condition | 1 |
| Chemicals stored properly | |
| Goggles and gloves available | 1/ |
| All Chemicals labelled | |
| All equipment stored securely | 1 |
| Floor drains clear | |
| Heat functioning | / |
| Oxygen stored securely and in safe area | |
| Exhaust fan functioning | / |
| No Smoking sign | 1 |
| Clear of spills | |
| Hazard container present | |
| Fire extinguisher | / |
| Evidence of leaks/spills | NIK |
| 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 | |
| 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 | 1 |
| Appliances in good order | |

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

1 MINUTES / INSPECTIONS SEPT / OCT LIST UPDATE NOWNING

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| DATE: | NW | | // | BASE: | MARROW | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

| 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 | 1 | |
| Clear of spills | / | |
| Hazard container present | | |
| Fire extinguisher | | |
| Evidence of leaks/spills | W W | |
| Spill collection container | 1 | |
| 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 | 1 |
| No overloaded receptacles | / |
| Area carpets in good condition | |
| Floors clean and clear | 1 |
| Furniture in good working order | |
| Lighting adequate and functioning | / |
| Air Conditioning functioning | |
| Heat adequate and functioning | 1 |
| 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 | |

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|----------|----------|------|-----------|
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| O | INSPECTI | m 5 | StpT loct |

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MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





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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 | / |
| Man doors secure | / |
| Windows functional / secure | |
| Outdoor lighting sufficient / functional | / |
| Outdoor seating / tables | 1 |
| Fuelling Stations | N/A |

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | / |
| GFI's functioning | / |
| Extension cords in good condition | 1 |
| Chemicals stored properly | 1 |
| 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 | مر |
| Spill collection container | 1 |
| 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 | 1 |
| Detectors tested and functional | 1 |
| 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 | 7 |
| Minutes posted | k |

(1) MINUTES / INSPECTIONS STOT /OUT

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|---|-----|-------------|------------|-------|---|
| | Lui | Ren (Puo | ت (آ س) | APE | |

| DATE: | Nov | 9 | 17 | BASE: Kinhs Wille |
|-------|-----|---|----|-------------------|
| DATE: | Nov | 7 | 17 | BASE: WING VILLE |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





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 | 1 |
| Man doors opening/closing properly | 1 |
| Man doors secure | |
| Windows functional / secure | / |
| Outdoor lighting sufficient / functional | |
| Outdoor seating / tables | 1 |
| Fuelling Stations | NA |

| 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 | 1 |
| Heat functioning | |
| Oxygen stored securely and in safe area | |
| Exhaust fan functioning | |
| No Smoking sign | 1 |
| Clear of spills | |
| Hazard container present | 1/ |
| 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 | ノ |
| Area carpets in good condition | 1 |
| Floors clean and clear | 1 |
| Furniture in good working order | 1 |
| Lighting adequate and functioning | 1 |
| Air Conditioning functioning | |
| Heat adequate and functioning | 1 |
| Air quality adequate | |

| Kitchen / Bathroom | PASS |
|--------------------------------------|------|
| No slip / trip hazards | 1 |
| 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 | در |
| Minutes posted | > |

MILITES / INSPECTION

BERT / OCT

BATTENY PARK IN

UTTILLITY Run N/W





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | 1 |
| GFI's functioning | / |
| Extension cords in good condition | / |
| Chemicals stored properly | / |
| Goggles and gloves available | 1 |
| 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 | 1 |
| Evidence of leaks/spills | NIP |
| Spill collection container | 1 |
| Lighting | |

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

| Emergency Equipment | PASS | |
|--|------|-----|
| Equipment in good working order | × | ا [|
| Extinguishers accessible, tagged and dated | / | |
| Detectors tested and functional | / | |
| Eye wash station functional | / | |
| First Aid Kit checked and log signed | 1 | |
| Emergency lighting in good order | X | 4 |
| Exit signs illuminated | 1 | |
| Exit doors free of obstructions | 1 | |
| Pull stations accessible | | |

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | |
| Extension cords in good condition | 1 |
| Free of loose wires / cables / cords | |
| No overloaded receptacles | |
| Area carpets in good condition | 1 |
| Floors clean and clear | |
| Furniture in good working order | / |
| Lighting adequate and functioning | / |
| Air Conditioning functioning | - |
| Heat adequate and functioning | 1 |
| Air quality adequate | 1 |

| 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 | 1 |
| Updated floor plans | X |
| Emergency numbers and contacts | × |
| Minutes posted | × |

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|-----|----------|--------------|--------------|
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| (3) | OLD F.P. | IN GARAGE | · di i |
| (4) | ELIGHTIN | him transfit | = iN/w |

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| DATE: | Nov | 9 | 17 | BASE: LASALLE |
|-------|-----|---|----|---------------|
| | | | | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:



Pull stations accessible

Corporation of the County of Essex EMERGENCY MEDICAL SERVICES



MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS | Office / Crew Room / Meeting Room | PASS |
|--|------|--------------------------------------|----------|
| Parking lot free of obstacles | | No slip / trip hazards | |
| Walkways free of obstacles | / | Extension cords in good condition | |
| Building exterior sound | | Free of loose wires / cables / cords | |
| Garage doors functioning properly | | No overloaded receptacles | |
| Garage doors open manually | | Area carpets in good condition | |
| Man doors opening/closing properly | | Floors clean and clear | |
| Man doors secure | | Furniture in good working order | |
| Windows functional / secure | / | Lighting adequate and functioning | |
| Outdoor lighting sufficient / functional | | Air Conditioning functioning | |
| Outdoor seating / tables | 1 | Heat adequate and functioning | |
| Fuelling Stations | | Air quality adequate | |
| Garage | PASS | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | / | No slip / trip hazards | |
| GFI's functioning | / | Extension cords in good condition | |
| Extension cords in good condition | | No overloaded receptacles | / |
| Chemicals stored properly | | Area carpets in good condition | 7 |
| Goggles and gloves available | / | Floors clean and clear | |
| All Chemicals labelled | | Lighting adequate and functioning | |
| All equipment stored securely | / | Hand Sanitizers available and filled | |
| Floor drains clear | | Toilet / Shower functioning | |
| Heat functioning | | Appliances in good order | |
| Oxygen stored securely and in safe area | | Appliances in good order | |
| Exhaust fan functioning | | Posting and Documents | PASS |
| No Smoking sign | 1 | Mandatory postings present | |
| Clear of spills | | MSDS current (within 3 years) | |
| Hazard container present | | Evacuation plan available | |
| Fire extinguisher | 1 | Updated floor plans | / \ |
| Evidence of leaks/spills | | Emergency numbers and contacts | 7 |
| Spill collection container | | Minutes posted | 5 |
| Lighting | بح | | ~ C |
| | | 1 /25/10/10 | 2 |
| Medical Supply Room | PASS | Chimuns / INSPECTION | - |
| No slip / trip hazards | 4 | 00 / | |
| Floor clean and clear | // | (A) 1 | |
| Supplies adequate | | Q LIGAT - HAW WA | 1 TO DC |
| Emergency Equipment | PASS | GARAGE | om Entra |
| Equipment in good working order | / | | T |
| Extinguishers accessible, tagged and dated | | MASHRU | om Entra |
| Detectors tested and functional | | | |
| Eye wash station functional | 1 | | |
| First Aid Kit checked and log signed | 1 | | |
| Emergency lighting in good order | | | |
| Exit signs illuminated | 1 | | |
| Exit doors free of obstructions | | | |
| | | | |

| ر | horaminhron | BASE: | 17 | 9 | Nov | DATE: _ |
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| _ | horaminhron | BASE: | 17 | 9 | Nov | DATE: _ |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:





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|--|------|
| Parking lot free of obstacles | 1 |
| 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 | 1 |
| Outdoor seating / tables | |
| Fuelling Stations | 1 |

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | / |
| GFI's functioning | 1 |
| Extension cords in good condition | / |
| Chemicals stored properly | / |
| Goggles and gloves available | / |
| All Chemicals labelled | 1 |
| 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 | 1 |
| Spill collection container | 1 |
| 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 | \times |
| 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 | 5 |
| Free of loose wires / cables / cords | |
| No overloaded receptacles | 6 |
| Area carpets in good condition | |
| Floors clean and clear | |
| Furniture in good working order | |
| Lighting adequate and functioning | 1 |
| Air Conditioning functioning | |
| Heat adequate and functioning | |
| Air quality adequate | 1 |

| 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 | 1 |

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

MISSIM D JACOBS #

(2) -LAST INSPECTION AND /16

- LAST CHANT MINING

ZNN /4

SEE REVERSE SIDE

DATE: Nov 8 2017 BASE: MERCER BROAD HOAD





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

UPPER OFFICES EMERGENCY LIGHT SYSTEM WORKING BUT TIMES OUT TO QUICK. NEEDS MAIN BRITERY REPLACED OF





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 | / |
| Man doors secure | 1 |
| Windows functional / secure | |
| Outdoor lighting sufficient / functional | 1 |
| Outdoor seating / tables | / |
| Fuelling Stations | MIA |

| 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 | 1 |
| Hazard container present | 1 |
| Fire extinguisher | 1/ |
| Evidence of leaks/spills | $\perp X$ |
| Spill collection container | 1/ |
| 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 | 11 |
| Detectors tested and functional | 1 |
| Eye wash station functional | // |
| First Aid Kit checked and log signed | 1 |
| Emergency lighting in good order | 1 |
| Exit signs illuminated | 1 |
| Exit doors free of obstructions | 1/ |
| 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 | 1 | |
| Air Conditioning functioning | 1 | |
| Heat adequate and functioning | 1 | |
| Air quality adequate | | |

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

| Posting and Documents | PASS |
|--------------------------------|------|
| Mandatory postings present | / |
| MSDS current (within 3 years) | 1 |
| Evacuation plan available | // |
| Updated floor plans | / |
| Emergency numbers and contacts | (2) |
| Minutes posted | (7) |

| (I) | MINUTES | 3 1210 | 1/4 | 1 |
|-----|------------|--------|-----|------|
| | INSPECTION | 15 Se | 707 | Joct |

| 6 | UPDARE | LIST |
|-----|--------|--------|
| (2) | WARRE | m (21 |

| 3 | E | LIGHTINH | BATHROOMS |
|---|-----|----------|-----------|
| | ٠۵. | TRAININH | Run |

DATE: NOV 8 / 2017 BASE: TECHNSEH





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:



County of Corporation of the County of Essex ESSEX Corporation of the County of Essex EMERGENCY MEDICAL SERVICES



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 | |
| Man doors secure | |
| Windows functional / secure | |
| Outdoor lighting sufficient / functional | |
| Outdoor seating / tables | |
| Fueling 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 | 1 |
| 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 | 1 |

| 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 | 1 |
| 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 | حز ا |
| Minutes posted | 4 |

MINUTES /INSPECTIONS
STOT/OCT

| DATE: | Nov | 9 | /2017 | BASE: | CIVIC | Cm | OFFICE |
|-------|-----|---|-------|-------|-------|----|--------|
| | | | | | | | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

| Inspected By: | |
|----------------------|--|
| ((\\\\\) | |
| WW/ | |
| Labour Inspector | |
| N N | |
| | |
| | |
| | |
| Management Inspector | |