

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 | |
| 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 | |

| 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 | 2/6 |
| Appliances in good order | entin |
| | - 0 |

| | V |
|--------------------------------|------|
| Posting and Documents | PASS |
| Mandatory postings present | |
| MSDS current (within 2 years) | |
| Evacuation plan available | |
| Updated floor plans | |
| Emergency numbers and contacts | 200 |
| Minutes posted | |

FIRST AID KITS INVENTORIED AND RESEALED (MARCH / JUNE / SEPT / DEC)

YES/N/A

FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

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02/03/18

BASE

Para Afaramone



Corporation of the County of Essex EMERGENCY MEDICAL SERVICES

(O) EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

| COMMENTS / CONCERNS: |
|---|
| - KIGHT AT BUTTOM OF STAIRS NOT WORKING. |
| PEAR STAVES LIGHT NOT WORKING |
| -DOOR REAR STAVES BUTTOM DOES NOT LATCH, PENDING YROTH PREVIOUS |
| MISPECTION |
| WINDOWN DOES NOT CLOSE |
| - GPT PUB |
| -ENSURE AIR FILTERS ARE CHANGED ENERY 3 MONTHS 16/25/1 |
| = KNULLEN PAUCET LEAKING, NEEDS REPLACEMENT. 20/25/1 |
| - LYGHTBURD OUT OWER THOSE Require Spores sectioner. |
| LO MONITOR IN LYING SPACE FALLING OF THE WALL |
| Lyon Dooplares on ABALTMENT BOOK - Think regards replacing |
| - CO MONITOR FOR DET 18 (3039). Boken. |
| Inspected By: |

DATE: 02/03/14

Labour Inspector - Sign and Print

BASE: P. F. Grew aroce