



MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

| Medical Supply Room | | / PASS |
|------------------------|-------|--------|
| No slip / trip hazards | _ 1_1 | 1 |
| Floor clean and clear | | 11 |
| Supplies adequate | 110 | 11, |

| Emergency Equipment | PASS |
|--|------|
| Equipment in good working order | / |
| 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 | V/ |
| Exit doors free of obstructions | V |
| Pull stations accessible | WI |

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

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

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

DATE: JUG918 BASE: 12 GESTO

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





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NONE

COMMENTS / CONCERNS:

Do we need gloves/goggles
For Chamical spills?
Do we need H& S Manual
For This post,?

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: \$ 9/18

______BASE: // \$ 12 6esro





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

| Medical Supply Room | PASS |
|------------------------|------|
| No slip / trip hazards | 1/ |
| Floor clean and clear | |
| Sunnlies adequate | 1 |

| Emergency Equipment | PASS |
|--|------|
| Equipment in good working order | V |
| Extinguishers accessible, tagged and dated | V |
| Detectors tested and functional | V |
| Eye wash station functional | / |
| First Aid Kit checked and log signed | V |
| 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 | V |
| Extension cords in good condition | V |
| Free of loose wires / cables / cords | V |
| No overloaded receptacles | V |
| Area carpets in good condition | 1/ |
| Floors clean and clear | / |
| Furniture in good working order | 1 |
| Lighting adequate and functioning | V |
| Air Conditioning functioning | V |
| Heat adequate and functioning | V |
| Air quality adequate | 1 |

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

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

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



FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

DATE: 3/14 9/18

BASE: AMHERSTBURG



EMS EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NONE.

COMMENTS / CONCERNS:

CHUNKS. STOULD BE LOOKED ato

Labour Inspector – Sign and Print

Management Inspector - Sign and Print

DATE: 1/2 9/18

BASE: AM HRESTBURG





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | V |
| Walkways free of obstacles | 1 |
| Building exterior sound | 1 |
| Garage doors functioning properly | V |
| Garage doors open manually | 1/ |
| Man doors opening/closing properly | 1/ |
| Man doors secure | 1/ |
| Windows functional / secure | NYCH |
| Outdoor lighting sufficient / functional | V |
| Outdoor seating / tables | NIA |
| Fuelling Stations | 119 |

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

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

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

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

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

| Posting and Documents | PASS |
|--------------------------------|------|
| Mandatory postings present | NIH |
| MSDS current (within 2 years) | W |
| Evacuation plan available | |
| Updated floor plans | Y |
| Emergency numbers and contacts | NP |
| Minutes posted | NIA |

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

FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked





MONTHLY WORKPLACE INSPECTION CHECKLIST

BOTTOM BIT CORNER - WILL NOT Close.

COMMENTS / CONCERNS:

Do we need a HE SMANUAL at LOCATION?

Inspected By:

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

9 //8 BASE: BROD HEAD





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | 1/ |
| GFI's functioning | 1 |
| Extension cords in good condition | / |
| Chemicals stored properly | / |
| Goggles and gloves available | / |
| All Chemicals labelled | 1 |
| All equipment stored securely | 1 |
| Floor drains clear | 1 |
| Heat functioning | 1 |
| Oxygen stored securely and in safe area | 1 |
| Exhaust fan functioning | 1 |
| No Smoking sign | 6 |
| Clear of spills | 1 |
| Hazard container present | / |
| Fire extinguisher | V, |
| Evidence of leaks/spills | V |
| Spill collection container | |
| Lighting ZXT EAST MAN | × |

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

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

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | V |
| Extension cords in good condition | V |
| Free of loose wires / cables / cords | 1 |
| No overloaded receptacles | 1 |
| Area carpets in good condition | 1 |
| Floors clean and clear | 0 |
| Furniture in good working order | 1 |
| Lighting adequate and functioning | / |
| Air Conditioning functioning | 1 |
| Heat adequate and functioning | |
| Air quality adequate | / |

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

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

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked





MONTHLY WORKPLACE INSPECTION CHECKLIST

MAN DOOR EXITSIEN ON EAST DOOR NEEDS BUIBS.

COMMENTS / CONCERNS:

Inspected By:

Labour Inspector – Sign and Print

Management Inspector - Sign and Print

18 BASE: Dusal





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | V |
| Walkways free of obstacles | 1 |
| Building exterior sound | 2 |
| Garage doors functioning properly | V |
| Garage doors open manually | V |
| Man doors opening/closing properly | i |
| Man doors secure | |
| Windows functional / secure | |
| Outdoor lighting sufficient / functional | |
| Outdoor seating / tables | 1 |
| Fuelling Stations | NII |

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

| Medical Supply Room | PASS |
|------------------------|------|
| No slip / trip hazards | |
| Floor clean and clear | |
| Supplies adequate | 1/ |

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

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | V |
| Extension cords in good condition | i/ |
| Free of loose wires / cables / cords | V |
| No overloaded receptacles | 1 |
| 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 | 1 |
| Air quality adequate | |

| Kitchen / Bathroom | PASS |
|--------------------------------------|------|
| No slip / trip hazards | V |
| Extension cords in good condition | ٧ |
| No overloaded receptacles | 1 |
| Area carpets in good condition | |
| Floors clean and clear | |
| Lighting adequate and functioning | 1/ |
| Hand Sanitizers available and filled | |
| Toilet / Shower functioning | |
| Appliances in good order | |

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

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



FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

3

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

ATE: UJY 9

BASE: ESSEX





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NOWE FOUND

| | COMMENTS / CONCERNS: |
|----|--|
| Da | UKSKUP/Chemical Room Should have |
| | JASKUP/Chemical Room Should have fire, Extinbuish & R. |
| 2 | BASE Mon DOOR FROM COMPLETO Can Room |
| | Brokn-will NOT Lock |

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: Sul 9/18

BASE: ESSEX





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | 1 |
| GFI's functioning | 1/ |
| Extension cords in good condition | V |
| Chemicals stored properly | V |
| Goggles and gloves available | V |
| All Chemicals labelled | V |
| All equipment stored securely | 11 |
| Floor drains clear | V |
| Heat functioning | / |
| Oxygen stored securely and in safe area | V |
| Exhaust fan functioning | |
| No Smoking sign | V |
| Clear of spills | V |
| Hazard container present | 1 |
| Fire extinguisher | |
| Evidence of leaks/spills | 1 |
| Spill collection container | 1 |
| Lighting | V |

| Medical Supply Room | PASS |
|------------------------|------|
| No slip / trip hazards | 1/ |
| Floor clean and clear | 1 |
| Supplies adequate | 11 |

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

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

| Kitchen / Bathroom | PASS |
|--------------------------------------|------|
| No slip / trip hazards | 1/ |
| Extension cords in good condition | |
| No overloaded receptacles | V |
| Area carpets in good condition | V |
| Floors clean and clear | V. |
| Lighting adequate and functioning | V |
| Hand Sanitizers available and filled | 0 |
| Toilet / Shower functioning | V, |
| Appliances in good order | V |

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



MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

NONE

COMMENTS/CONCERNS: INTERMITTANT LEAK FROM ATTELLEN FAUCET * TREE GROWING MAGE IN Generator AREA. Needs To be CUTOUT

Inspected By: Labour Inspector - Sign and Print fero?

Management Inspector - Sign and Print

July 9 / / 8 BASE: Homeon





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

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

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

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

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

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

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked





MONTHLY WORKPLACE INSPECTION CHECKLIST

New New FIRE EX. COLLET BUNGER OUTSIDE FUEL STATION-AND Sign OFF CARDON # 1 PUMP EXTINGUA MISSING, HOGET IN MEN'S BATHROOM?

ASKED CREW TO CIEAR IT.

Inspected By:

Labbur Inspector – Sign and Print

Management Inspector - Sign and Print

___ BASE: Jellerson





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

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

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

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

| Kitchen / Bathroom | PASS |
|--------------------------------------|------|
| No slip / trip hazards | |
| Extension cords in good condition | V |
| No overloaded receptacles | 0 |
| Area carpets in good condition | 1 |
| Floors clean and clear | 0 |
| Lighting adequate and functioning | V |
| Hand Sanitizers available and filled | V |
| Toilet / Shower functioning | V |
| Appliances in good order | 1 |

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

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



FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

DATE:

RASE

BASE:





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NOWE / DO WE NEED A SMOKE

DETECTOR IN GARAGE

COMMENTS / CONCERNS:

NONE.

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

DATE: () 4 9 / 18

BASE: GIRLSVILLE





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

| 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 | 1 |
| 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 | V |
| Extension cords in good condition | / |
| Free of loose wires / cables / cords | |
| No overloaded receptacles | / |
| Area carpets in good condition | / |
| Floors clean and clear | 1 |
| Furniture in good working order | 1 |
| 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 | 1/ |
| MSDS current (within 2 years) | / |
| Evacuation plan available | |
| Updated floor plans | |
| Emergency numbers and contacts | |
| Minutes posted | |

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

YES WA

FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

DATE:

BASE

SE: LAKEDA





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

| | COMM | IENTS / CO | NCERNS: | · · | | - | 0 | ContAII | NER |
|---|------|------------|---------|------|---------|-----|------|---------|-----|
| | NE | ED | A | Log | ISTICS | EXF | IKEN | ContAI | |
| | | | | | | ^ | | | |
| Y | FOR | DR | NSS | · CN | IISSINE | | | | |
| | | | | | | | | | |

Inspected By:

Labour Inspector - Sign and Print

Management Inspector – Sign and Print

DATE: July 9//8

BASE: MICHORA





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | V |
| Walkways free of obstacles | |
| Building exterior sound | 11 |
| Garage doors functioning properly | 1 |
| Garage doors open manually | 1 |
| Man doors opening/closing properly | / |
| Man doors secure | / |
| Windows functional / secure | |
| Outdoor lighting sufficient / functional | 1 |
| Outdoor seating / tables | MO |
| Fuelling Stations | NA |

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

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

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

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

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

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

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

MALL AUTOMATIC

TEST IN ELECTRICAL

ROOM.

DATE:

BASI



EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

1) WASP NEST IN OZ ROOM TOP OF

COMMENTS / CONCERNS:

2) WEEDS AROUND BENEFATOR

Inspected By:

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

DATE: Maly 9/18

ASE WASAL





HECKLIST

| | Outdoor Equipment | PASS | Office / Crew Ro |
|-----|--|-----------|--|
| | Parking lot free of obstacles | | No slip / trip hazards |
| | Walkways free of obstacles | V | Extension cords in go |
| | Building exterior sound | 1 | Free of loose wires / c |
| | Garage doors functioning properly | $ V_{i} $ | No overloaded recepta |
| | Garage doors open manually | | Area carpets in good o |
| | Man doors opening/closing properly | | Floors clean and clear |
| | Man doors secure | | Furniture in good wor |
| | Windows functional / secure | | Lighting adequate and |
| | Outdoor lighting sufficient / functional | / | Air Conditioning func |
| . 1 | Outdoor seating / tables | | Heat adequate and fun |
| 7 | Fuelling Stations Nacl C | Vels | Air quality adequate |
| | Garage | PASS | Kitchen / Bathroo |
| | Clean and clear of obstacles | V | No slip / trip hazards |
| | GFI's functioning | | Extension cords in goo |
| | Extension cords in good condition | | No overloaded recepta |
| | Chemicals stored properly | | Area carpets in good of |
| | Goggles and gloves available | i/ | Floors clean and clear |
| | All Chemicals labelled | 1 | Lighting adequate and |
| | All equipment stored securely | // | Hand Sanitizers availa |
| | Floor drains clear | | Toilet / Shower function |
| | Heat functioning | | Appliances in good or |
| | | | |
| 1 | Oxygen stored securely and in safe area | | Commence of the commence of th |
| 1 | Oxygen stored securely and in safe area Exhaust fan functioning | | Posting and Docu |
| V | 77 | | Mandatory postings pr |
| V | Exhaust fan functioning | 7 | Mandatory postings po MSDS current (within |
| V | Exhaust fan functioning No Smoking sign | | Mandatory postings pr |

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

Fire extinguisher Evidence of leaks/spills Spill collection container

Lighting

| Emergency Equipment | PASS |
|--|------|
| Equipment in good working order | V |
| Extinguishers accessible, tagged and dated | V |
| Detectors tested and functional | V |
| Eye wash station functional | 11 |
| First Aid Kit checked and log signed | 1 |
| Emergency lighting in good order | 1/ |
| Exit signs illuminated | |
| Exit doors free of obstructions | |
| Pull stations accessible | 1 |

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | V |
| Extension cords in good condition | 1 |
| Free of loose wires / cables / cords | V |
| 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 | / |
| Air quality adequate | |

| Kitchen / Bathroom | PASS |
|--------------------------------------|------|
| No slip / trip hazards | |
| Extension cords in good condition | V |
| No overloaded receptacles | 1 |
| 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 | 0 |
| MSDS current (within 2 years) | |
| Evacuation plan available | |
| Updated floor plans | |
| Emergency numbers and contacts | |
| 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



EMS/

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NONE FOUND

1) NEED WEW COVERS ON FUEL STATION
FIRE EXT. & Bowgee coeds.

2) 02 Supply Round Needs Cleaning.

Inspected By:

BH B HALT

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: 9/18

BASE: LEAM WGTON





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

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

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

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | V |
| Extension cords in good condition | V |
| Free of loose wires / cables / cords | V |
| No overloaded receptacles | |
| Area carpets in good condition | V |
| Floors clean and clear | 1 |
| Furniture in good working order | 1 |
| 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 | V |
| Area carpets in good condition | 1 |
| Floors clean and clear | V |
| Lighting adequate and functioning | i/ |
| Hand Sanitizers available and filled | |
| Toilet / Shower functioning | |
| Appliances in good order | V |

| Posting and Documents | PASS |
|--------------------------------|--------|
| Mandatory postings present | IV. |
| MSDS current (within 2 years) | V |
| Evacuation plan available | |
| Updated floor plans | V |
| Emergency numbers and contacts | $ \nu$ |
| Minutes posted | 1 |

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

MC ANTOMATIC BREADER PAREL #1 Behind humber of Lights Checked Supply Room BREADLER parel #2 Behind DC Change Room.



EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

Busher Conos for fuel Deport Please.

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: 1/8

BASE: Melcel





LY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | V |
| Walkways free of obstacles | V |
| Building exterior sound | 1 |
| Garage doors functioning properly | V |
| Garage doors open manually | V |
| Man doors opening/closing properly | V |
| Man doors secure | 1 |
| Windows functional / secure | L |
| Outdoor lighting sufficient / functional | 4 |
| Outdoor seating / tables | N/ |
| Fuelling Stations | 1 NH |
| Garage | PASS |
| Clean and clear of obstacles | V |
| GFI's functioning | V |
| Extension cords in good condition | V |
| Chemicals stored properly | V |
| Goggles and gloves available | V |
| All Chemicals labelled | V |
| All equipment stored securely | 1 |

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

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

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

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

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

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

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

CREW ROOM N/W"
EMERGENCY LIGHTING CHECKED?

Number of Lights Checked



MONTHLY WORKPLACE INSPECTION CHECKLIST

* 1) CREW ROOM to GARAGE DOOR KNOB N/W- TAPED OPEN. 2) CREWROOM EMERGENCY LIGHTING N/W.

COMMENTS / CONCERNS:

Floor DRAINS Smell of Source.

Inspected By:

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

18 BASE: TECOMSEL





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 | 1 |
| Garage doors open manually | |
| Man doors opening/closing properly | 1 |
| Man doors secure | / |
| Windows functional / secure | 1 |
| Outdoor lighting sufficient / functional | et et |
| Outdoor seating / tables | PYT |
| Fuelling Stations | MA |

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | |
| GFI's functioning | |
| Extension cords in good condition | |
| Chemicals stored properly | |
| Goggles and glives available | |
| All Chemicals abelled | |
| 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 | V |
| Extinguishers accessible, tagged and dated | 1 |
| Detectors tested and functional | / |
| Eye wash station functional | 201 |
| First Aid Kit checked and log signed | V |
| Emergency lighting in good order | V |
| Exit signs illuminated | V |
| Exit doors free of obstructions | V |
| Pull stations accessible | V |

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

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

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

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS: NONE

COMMENTS / CONCERNS:

Inspected By:

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

DATE:

SIN BASE: C, VIC CANTER