



#### 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  |      | 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       |        |
| 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   |      | C-FF                                 |        |
| Exhaust fan functioning   |      | Posting and Documents                | PASS   |
| No Smoking sign   |      | Mandatory postings present           |        |
| Clear of spills   |      | MSDS current (within 2 years)        |        |
| Hazard container present  |      | Evacuation plan available            |        |
| Fire extinguisher   |      | Updated floor plans                  |        |
| Evidence of leaks/spills  |      | Emergency numbers and contacts       |        |
| Spill collection container  |      | Minutes posted                       |        |
| Lighting  |      |                                      |        |
| Medical Supply Room   | PASS | FIRST AID KITS INVENTORIED A         |        |
| No slip / trip hazards  |      | RESEALED (MARCH / JUNE / SEPT        | r / DE |
| Floor clean and clear   |      |                                      |        |
| Supplies adequate   |      | YES / N/A                            |        |
| Emergency Equipment   | PASS | FIRE EXTINGUISHERS CHECKED           | &      |
| Equipment in good working order   |      | CARD SIGNED?                         |        |
| Extinguishers accessible, tagged and dated  |      |                                      |        |
| Detectors tested and functional   |      |                                      |        |
| Eye wash station functional   |      | Number of Extinguishers Checked      |        |
| First Aid Kit checked and log signed  |      | EMERGENCY LIGHTING CHECK             | ED2    |
| mot the thit oncomes and nog signes   |      | EMERGEACT EIGHTING CHECK             | i Ulu  |
| Emergency lighting in good order  |      |                                      |        |
|   |      |                                      |        |
| Emergency lighting in good order  Exit signs illuminated  Exit doors free of obstructions |      | Number of Lights Checked             |        |

DATE: Sept 18/2020 BASE: 11/12



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



### MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

**COMMENTS / CONCERNS:** 

| Inspected By:                         |   |
|---------------------------------------|---|
| B. Ham BA                             |   |
| Labour Inspector - Sign and Print     |   |
| Could !                               | 1 |
| My 1an are                            | _ |
| Management Inspector - Sign and Print | _ |

DATE: Sopt 18/2020 BASE: 1/12



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  | 1     | 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                                       |       | Air quality adequate                 |              |
| Garage  | PASS  | Kitchen / Bathroom                   | PASS         |
| Clean and clear of obstacles                            | 7     | 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       | /            |
| 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             | 1            |
| Oxygen stored securely and in safe area                 |       |                                      |              |
| Exhaust fan functioning                                 |       | Posting and Documents                | PAS          |
| No Smoking sign   |       | Mandatory postings present           |              |
| Clear of spills   |       | MSDS current (within 2 years)        |              |
| Hazard container present                                |       | Evacuation plan available            |              |
| Fire extinguisher                                       | 1/    | Updated floor plans                  |              |
| Evidence of leaks/spills                                | 1     | Emergency numbers and contacts       |              |
| Spill collection container                              | 1     | Minutes posted                       |              |
| Lighting  |       |                                      |              |
| Medical Supply Room                                     | PASS  | FIRST AID KITS INVENTORIED A         |              |
| No slip / trip hazards                                  |       | RESEALED (MARCH / JUNE / SEP         | r/DE         |
| Floor clean and clear                                   |       |                                      |              |
| Supplies adequate                                       |       | YES N/A                              |              |
| Emergency Equipment                                     | PASS  | FIRE EXTINGUISHERS CHECKED           | æ            |
|   | I AGG | CARD SIGNED?                         | · Ot         |
| Equipment in good working order                         | /     | 1                                    |              |
| Extinguishers accessible, tagged and dated              | /     |                                      |              |
| Detectors tested and functional                         | /     | Number of Extinguishers Checked      |              |
| Eye wash station functional                             | 1     | EMERGENCY LIGHTING CHECK             | ED9          |
| First Aid Kit checked and log signed                    | 1     | EMERGENCI LIGHTING CHECK             | eD:          |
| Emergency lighting in good order                        | 1     |                                      |              |
|   | . / 1 |                                      |              |
| Exit signs illuminated  Exit doors free of obstructions |       | Number of Lights Checked             | and the same |

DATE: Sept 18/2020 BASE: Amperstours





### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

- Mold on tiles in Crew Room 2 Peiling tiles with Possible Black moid,

**COMMENTS / CONCERNS:** 

Inspected By:

Labour Inspector Sign and Print

Management Inspector - Sign and Print

2001 18/2020 BASE: Amherthus





#### 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          |      |
| Appliances in good order             |      |

| Posting and Documents          | PASS |
|--------------------------------|------|
| Mandatory postings present     |      |
| 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)



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?** 

Number of Extinguishers Checked

**EMERGENCY LIGHTING CHECKED?** 

Number of Lights Checked

Checked Fire/Smoke Alarms?

|    | 1   |
|----|-----|
| ĩ/ | yes |

BASE:





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

\$

**COMMENTS / CONCERNS:** 

- D TIRST AND Kit Broken Needs New Cose

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: SEPT 18/2020 BASE: BROKEN HEATS



## 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 | Office / Crew Room / Meeting Room                           | PASS |
|--|------|---|------|
| Parking lot free of obstacles              | 1    | No slip / trip hazards                                      |      |
| Walkways free of obstacles                 | 1    | Extension cords in good condition                           |      |
| Building exterior sound                    | //   | Free of loose wires / cables / cords                        | /    |
| Garage doors functioning properly          | 1/   | No overloaded receptacles                                   | //   |
| Garage doors open manually                 | //   | Area carpets in good condition                              | 1    |
| Man doors opening/closing properly         | 11   | Floors clean and clear                                      | 1    |
| Man doors secure                           | //   | Furniture in good working order                             |      |
| Windows functional / secure                | 1/   | Lighting adequate and functioning                           |      |
| Outdoor lighting sufficient / functional   | 1/   | Air Conditioning functioning                                |      |
| Outdoor seating / tables                   |      | Heat adequate and functioning                               | 1    |
| Fuelling Stations                          |      | Air quality adequate  | _    |
| Garage                                     | PASS | Kitchen / Bathroom  | PASS |
| Clean and clear of obstacles               | TAGO | No slip / trip hazards                                      | TAS. |
| GFI's functioning                          |      | Extension cords in good condition                           | /    |
|  | 1    |   | 1    |
| Extension cords in good condition          | /    | No overloaded receptacles                                   |      |
| Chemicals stored properly                  | /    | Area carpets in good condition                              | 1    |
| Goggles and gloves available               | 1    | Floors clean and clear                                      | -    |
| All Chemicals labelled                     | /    | Lighting adequate and functioning                           | -    |
| All equipment stored securely              | /    | Hand Sanitizers available and filled                        | -    |
| Floor drains clear                         | 1    | Toilet / Shower functioning                                 | 1    |
| Heat functioning                           |      | Appliances in good order                                    |      |
| Oxygen stored securely and in safe area    |      | Posting and Documents                                       | PASS |
| Exhaust fan functioning                    |      |   | FAS  |
| No Smoking sign                            |      | Mandatory postings present                                  | 1    |
| Clear of spills                            |      | MSDS current (within 2 years)                               | /    |
| Hazard container present                   | //   | Evacuation plan available                                   | -/   |
| Fire extinguisher                          | 1    | Updated floor plans   | /    |
| Evidence of leaks/spills                   | 1/   | Emergency numbers and contacts                              | -    |
| Spill collection container                 |      | Minutes posted  |      |
| Lighting                                   |      |   |      |
| Medical Supply Room                        | PASS | FIRST AID KITS INVENTORIED A<br>RESEALED (MARCH / JUNE (SEP |      |
| No slip / trip hazards                     | //   | RESEALED (MARCH / SONE JOE                                  | y DE |
| Floor clean and clear                      | //   | X \   |      |
| Supplies adequate                          |      | YES //N/A   |      |
| Emergency Equipment                        | PASS | FIRE EXTINGUISHERS CHECKED                                  | &    |
| Equipment in good working order            | //   | CARD SIGNED?  |      |
| Extinguishers accessible, tagged and dated | 1    | 7   |      |
| Detectors tested and functional            | 1/   | Number of Extinguishers Checked                             |      |
| Eye wash station functional                |      | ranioer or extinguishers Checked                            |      |
| First Aid Kit checked and log signed       | 1    | <b>EMERGENCY LIGHTING CHECK</b>                             | ED?  |
| Emergency lighting in good order           | 1    |   | •    |
| Exit signs illuminated                     | 1    |   |      |
|  |      | Number of Lights Checked                                    |      |
| Exit doors free of obstructions            | 100  |   |      |

| DATE: | SERT | 18/2020 | BASE: | DOGGACC |  |
|-------|------|---------|-------|---------|--|
| _     |      |         |       |         |  |





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS:** 

COMMENTS / CONCERNS:

-DEYE WAS clirty From Fumes Not in Plastic BAG, Label Stated Seulal 7019.

- Dynmarked Spray Bottle, Emplied by D. C. McFalone

| Inspected By:                           |                        |
|---|------------------------|
| RIL                                     | en                     |
| Labour Inspector -                      | - Sign and Print       |
| \ | //                     |
| /W/10                                   | nkme                   |
| Management Inspe                        | ector – Sign and Print |

DATE: 500 18/2020 BASE: 1



## Corporation of the County of Essex Emergency medical services



#### CKLIST

| Outdoor Equipment                        | PASS | Office / Crew Room              |
|--|------|---------------------------------|
| Parking lot free of obstacles            |      | No slip / trip hazards          |
| Walkways free of obstacles               | 1    | Extension cords in good         |
| Building exterior sound                  | 1    | Free of loose wires / ca        |
| Garage doors functioning properly        |      | No overloaded receptac          |
| Garage doors open manually               | - ×  | Area carpets in good co         |
| Man doors opening/closing properly       |      | Floors clean and clear          |
| Man doors secure                         |      | Furniture in good work          |
| Windows functional / secure              |      | Lighting adequate and           |
| Outdoor lighting sufficient / functional |      | Air Conditioning functi         |
| Outdoor seating / tables                 |      | Heat adequate and fund          |
| Fuelling Stations                        |      | Air quality adequate            |
|  |      |                                 |
| Garage                                   | PASS | Kitchen / Bathroo               |
| Clean and clear of obstacles             |      | No slip / trip hazards          |
| GFI's functioning                        | 1    | Extension cords in goo          |
| Extension cords in good condition        |      | No overloaded receptad          |
| Chemicals stored properly                |      | Area carpets in good co         |
| Goggles and gloves available             |      | Floors clean and clear          |
| All Chemicals labelled                   |      | Lighting adequate and           |
| All equipment stored securely            |      | Hand Sanitizers availab         |
| Floor drains clear                       |      | Toilet / Shower function        |
| Heat functioning                         |      | Appliances in good ord          |
| Oxygen stored securely and in safe area  |      |                                 |
| Exhaust fan functioning                  |      | Posting and Docum               |
| No Smoking sign                          |      | Mandatory postings pro          |
| Clear of spills                          |      | MSDS current (within            |
| Hazard container present                 |      | Evacuation plan availab         |
| Fire extinguisher                        | -    | Updated floor plans             |
| Evidence of leaks/spills                 |      | Emergency numbers an            |
| Spill collection container               |      | Minutes posted                  |
| Lighting                                 |      |                                 |
|  |      | DIDGT AID LATE                  |
| Medical Supply Room                      | PASS | FIRST AID KITS<br>RESEALED (MA) |
| No slip / trip hazards                   |      | RESEALED (MA)                   |
| Floor clean and clear                    |      |                                 |
| Supplies adequate                        |      | (YES) N/A                       |
|  |      |                                 |
| F  | DAGG |                                 |

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

| Office / Crew Room / Meeting Room    | PASS. |
|--------------------------------------|-------|
| No slip / trip hazards               | 1     |
| 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      | 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               | 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     |      |
| MSDS current (within 2 years)  |      |
| Evacuation plan available      |      |
| Updated floor plans            |      |
| Emergency numbers and contacts |      |
| Minutes posted                 |      |

INVENTORIED AND RCH / JUNE (SEPT / DEC)

FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?** 

Number of Extinguishers Checked

**EMERGENCY LIGHTING CHECKED?** 

Number of Lights Checked

Checked Fire/Smoke Alarms? \_\_\_\_yes \_

BASE:



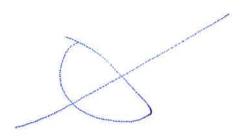


#### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

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#### **COMMENTS / CONCERNS:**



Labour Inspector - Sign and Print

Management Inspector - Sign and Print

DATE: Sept 18/2020

BASE:

E9590



## Corporation of the County of Essex Emergency medical services



#### MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment                          | PAS\$ | Office / Crew Room / Meeting Room    | PAS  |
|--|-------|--------------------------------------|------|
| Parking lot free of obstacles              | 6     | No slip / trip hazards               | 1    |
| Walkways free of obstacles                 | /     | Extension cords in good condition    |      |
| Building exterior sound                    | 1     | Free of loose wires / cables / cords |      |
| Garage doors functioning properly          |       | No overloaded receptacles            | -1   |
| Garage doors open manually                 | 1     | Area carpets in good condition       |      |
| Man doors opening/closing properly         | 1     | Floors clean and clear               | 1    |
| Man doors secure                           | 6     | Furniture in good working order      |      |
| Windows functional / secure                | 1     | Lighting adequate and functioning    | /    |
| Outdoor lighting sufficient / functional   | 1     | Air Conditioning functioning         | 1    |
| Outdoor seating / tables                   | /     | Heat adequate and functioning        | 1    |
| Fuelling Stations                          | 1     | Air quality adequate                 |      |
| Garage                                     | PASS  | Kitchen / Bathroom                   | PAS  |
| Clean and clear of obstacles               |       | No slip / trip hazards               | 4    |
| GFI's functioning                          | 17    | Extension cords in good condition    | -1   |
| Extension cords in good condition          | 1     | No overloaded receptacles            | 1    |
| Chemicals stored properly                  | 1     | Area carpets in good condition       | 1    |
| Goggles and gloves available               | 11    | Floors clean and clear               | 1    |
| All Chemicals labelled                     | 1     | Lighting adequate and functioning    | 1    |
| All equipment stored securely              | 1/2   | 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     | - Approximate in Source or des       |      |
| Exhaust fan functioning                    |       | Posting and Documents                | PAS  |
| No Smoking sign                            | 1     | Mandatory postings present           |      |
| Clear of spills                            | 1     | MSDS current (within 2 years)        | /    |
| Hazard container present                   | 1/    | Evacuation plan available            |      |
| Fire extinguisher                          | 1     | Updated floor plans                  |      |
| Evidence of leaks/spills                   | 1     | Emergency numbers and contacts       | ,    |
| Spill collection container                 | 1     | Minutes posted                       | /    |
| Lighting                                   | 9     | **                                   |      |
| Medical Supply Room                        | PASS/ | FIRST AID KITS INVENTORIED A         |      |
| No slip / trip hazards                     | 1     | RESEALED (MARCH / JUNE SEPT          | ) DE |
| Floor clean and clear                      | 1     | No sealed.                           |      |
| Supplies adequate                          |       | YES N/A                              |      |
| Emergency Equipment                        | PASS  | FIRE EXTINGUISHERS CHECKED           | &    |
| Equipment in good working order            | 7     | CARD SIGNED?                         |      |
| Extinguishers accessible, tagged and dated |       | Κ                                    |      |
| Detectors tested and functional            | 1     |                                      |      |
| Eye wash station functional                | 1     | Number of Extinguishers Checked      |      |
| First Aid Kit checked and log signed       |       | EMERGENCY LIGHTING CHECK             | ED?  |
| Emergency lighting in good order           | 1     | EVILLIGENCE ENGINEERING CHECK        |      |
| Exit signs illuminated                     |       |                                      | 1    |
| Exit doors free of obstructions            | 1     | Number of Lights Checked             | /    |
| LAIL GOOLS LICE OF DOSH HELIOTIS           |       |                                      |      |

| DATE: | Secon | 18/2020 | BASE: | HARROW |  |
|-------|-------|---------|-------|--------|--|
|       | 47    |         |       |        |  |





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

#### **COMMENTS / CONCERNS:**

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: Sept (8/2020)

BASE: ARROW





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

| 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  | PAS        |
|--|------------|
| 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  Clean and clear of obstacles GFI's functioning Extension cords in good condition  Chemicals stored properly Goggles and gloves available All Chemicals 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  Free of loose wires / cables / cords No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate and functioning 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 Fextension cords in good condition No overloaded receptacles Area carpets in good condition No selip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition Air Conditioning No slip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition No selip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition No overloaded receptacles Area carpets in good condition No overloaded receptacles Area carpets in good condition No selip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition No overloaded receptacles | PAS        |
| 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  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 Chemicals fan functioning Chemicals fan functioning Chemicals in good condition Chemicals labelled All equipment stored securely Floor drains clear Heat functioning Chemicals fan functioning Chemicals labelled All equipment stored securely Floor drains clear Heat functioning Chemicals labelled Chemicals labelled All equipment stored securely Floor drains clear Heat functioning Chemicals fan functioning Chemicals labelled All equipment stored securely Floor drains clear Heat functioning Chemicals labelled Chemicals labelled Chemicals labelled Chemicals labelled Chemicals labelled All equipment stored securely Floor drains clear Heat functioning Chemicals labelled Chemicals la | PAS        |
| Garage doors open manually  Man doors opening/closing properly  Man doors secure  Windows functional / secure  Outdoor lighting sufficient / functional  Outdoor seating / tables  Fuelling Stations  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  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  Area carpets in good condition  Floors clean and clear  Furniture in good working order  Lighting adequate and functioning  Air Conditioning functioning  Air Conditioning functioning  Kitchen / Bathroom  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  | PAS        |
| Man doors opening/closing properly  Man doors secure  Windows functional / secure  Outdoor lighting sufficient / functional  Outdoor seating / tables  Fuelling Stations  Clean and clear of obstacles  GFI's functioning  Extension cords in good condition  Chemicals stored properly  All Chemicals labelled  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  Floors clean and clear  Furniture in good working order  Lighting adequate and functioning  Air Conditioning functioning  Air quality adequate  Kitchen / Bathroom  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Evidence of leaks/spills   | PAS        |
| Man doors secure  Windows functional / secure  Outdoor lighting sufficient / functional  Outdoor seating / tables  Fuelling Stations  Clean and clear of obstacles  GFI's functioning  Extension cords in good condition  Chemicals stored properly  Goggles and gloves available  All Chemicals labelled  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  Furniture in good working order  Lighting adequate and functioning  Heat adequate and functioning  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  | PAS        |
| 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  Lighting adequate and functioning Heat adequate and functioning No slip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate Air Conditioning 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 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 No slip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate Extension cords in good condition No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate and functioning No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate and functioning No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate Extension cords in good condition No overloaded receptacles Area carpets in good condition Floors clean and clear Lighting adequate and functioning No slip / trip hazards Extension cords in good condition No overloaded receptacles Area carpets in good condition Roade | PAS        |
| Outdoor lighting sufficient / functional Outdoor seating / tables Fuelling Stations  Garage 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  Air Conditioning functioning Heat adequate and functioning  Kitchen / Bathroom 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 MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  | PAS        |
| Outdoor seating / tables Fuelling Stations  Garage 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  Kitchen / Bathroom 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 Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  | PAS        |
| Fuelling Stations  Air quality adequate  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  No Smoking sign  Clear of spills  Hazard container present  Evidence of leaks/spills  Kitchen / Bathroom  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  | PAS        |
| Fuelling Stations  Air quality adequate  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  No Smoking sign  Clear of spills  Hazard container present  Evidence of leaks/spills  Kitchen / Bathroom  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  | PAS        |
| Clean and clear of obstacles  GFT'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  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  | PAS        |
| 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  Evidence of leaks/spills  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts   |            |
| 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  Evidence of leaks/spills  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  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts   |            |
| 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  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 Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  |            |
| 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  Floors clean and clear Lighting adequate and functioning Hand Sanitizers available and filled Toilet / Shower functioning Appliances in good order  Posting and Documents Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts   |            |
| 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  Lighting adequate and functioning  Hand Sanitizers available and filled  Toilet / Shower functioning  Appliances in good order  Posting and Documents  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts   |            |
| 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  Hand Sanitizers available and filled Toilet / Shower functioning Appliances in good order  Posting and Documents Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  |            |
| 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  Toilet / Shower functioning Appliances in good order  Posting and Documents Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  | +          |
| 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  Appliances in good order  Posting and Documents Mandatory postings present MSDS current (within 2 years) Evacuation plan available Updated floor plans Emergency numbers and contacts  | 1/         |
| Description of the state of the | -1         |
| Exhaust fan functioning  No Smoking sign  Clear of spills  Hazard container present  Fire extinguisher  Evidence of leaks/spills  Posting and Documents  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts   | 1          |
| No Smoking sign  Clear of spills  Hazard container present  Fire extinguisher  Evidence of leaks/spills  Mandatory postings present  MSDS current (within 2 years)  Evacuation plan available  Updated floor plans  Emergency numbers and contacts   | - 10       |
| MSDS current (within 2 years)  | <u>PAS</u> |
| Hazard container present  Fire extinguisher  Evidence of leaks/spills  Evacuation plan available  Updated floor plans  Emergency numbers and contacts  |            |
| Fire extinguisher  Evidence of leaks/spills  Updated floor plans  Emergency numbers and contacts   | _          |
| Evidence of leaks/spills  Emergency numbers and contacts   | _          |
| Minutes parted   |            |
| Spill collection container Minutes posted  |            |
|  |            |
| Lighting   |            |
| Medical Supply Room PASS FIRST AID KITS INVENTORIED AN RESEALED (MARCH / JUNE / SEPT   |            |
| No slip / trip hazards   | ) "        |
| Floor clean and clear  |            |
| Supplies adequate YES/N/A  |            |
| Emergency Equipment PASS FIRE EXTINGUISHERS CHECKED  | &          |
| Equipment in good working order CARD SIGNED?   |            |
| Extinguishers accessible, tagged and dated   |            |
| Detectors tested and functional Number of Extinguishers Checked  |            |
| Eye wash station functional  |            |
| First Aid Kit checked and log signed EMERGENCY LIGHTING CHECKE   | D?         |
| Emergency lighting in good order   |            |
| Exit signs illuminated Number of Lights Checked  |            |
| Exit doors free of obstructions  |            |
| Pull stations accessible Checked Fire/Smoke Alarms? yes  |            |

| DATE: 5687 18/ | Z ■ BASE: | SEFFE USON |
|----------------|-----------|------------|
|----------------|-----------|------------|





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

**COMMENTS / CONCERNS:** 

Inspected By:

B. HACH BA

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: SEPT 18/20

**BASE:** 

) Efferso )





#### 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                        |      |
| Сомодо                                   | DACC |

| Garage                                  | PASS 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          |      |
| Appliances in good order             |      |

| Posting and Documents          | PASS |
|--------------------------------|------|
| Mandatory postings present     |      |
| 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)



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?** 

Number of Extinguishers Checked

**EMERGENCY LIGHTING CHECKED?** 

Number of Lights Checked

Checked Fire/Smoke Alarms? \_\_\_\_\_yes \_\_\_

BASE:





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

**COMMENTS / CONCERNS:** 

MED RED TAGS for Extragashers X2

- O weather strip Seal on MAN pour
MEEDS to be replaced.

Inspected By:

B. HAKE BH

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: Sapr. 18/20 BASE: Lingso. 1/e





#### 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                 |      |
| Fuelling Stations                        |      |

| Garage                                  | PASS |
|---|------|
| Clean and clear of obstacles            | 1    |
| GFI's functioning                       | 1/   |
| Extension cords in good condition       | /    |
| Chemicals stored properly               | 10   |
| Goggles and gloves available            | 1/   |
| All Chemicals labelled                  | /    |
| All equipment stored securely           |      |
| Floor drains clear                      |      |
| Heat functioning                        | 1    |
| 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                | 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            | 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                     | 1    |
| Exit doors free of obstructions            |      |
| Pull stations accessible                   |      |

| Office / Crew Room / Meeting Room    | PASS |
|--------------------------------------|------|
| No slip / trip hazards               | 1    |
| 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 2 years)  |      |
| Evacuation plan available      |      |
| Updated floor plans            |      |
| Emergency numbers and contacts |      |
| Minutes posted                 |      |

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



FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?** 

**EMERGENCY LIGHTING CHECKED?** 

Number of Extinguishers Checked

Number of Lights Checked

Checked Fire/Smoke Alarms? \_\_\_\_\_no

| ٠ | /   |
|---|-----|
|   | yes |

DATE: SEPT 19/2020 BASE: LAKESHORE



### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

**COMMENTS / CONCERNS:** 

-D First AID KIT NEEDS Green Sheet . D No plastic Bac Around Ege wash.

Inspected By: Labour Inspector - Sign and Print Management Inspector - Sign and Print

DATE: SEPT 19/2020 BASE: LAKESHORE





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

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

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

| Medical Supply Room    | PASS |
|------------------------|------|
| No slip / trip hazards | 1/   |
| 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            | 1    |
| Eye wash station functional                | 1    |
| 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    | 1     |
| Free of loose wires / cables / cords |       |
| No overloaded receptacles            | 1     |
| Area carpets in good condition       | 1     |
| Floors clean and clear               | 1     |
| Furniture in good working order      | 1     |
| Lighting adequate and functioning    | /     |
| 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            | 1/   |
| Area carpets in good condition       | 1    |
| Floors clean and clear               |      |
| Lighting adequate and functioning    |      |
| Hand Sanitizers available and filled | 1    |
| Toilet / Shower functioning          |      |
| Appliances in good order             |      |

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

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

|     | i i   |
|-----|-------|
| YES | N/A   |
| LES | )IN/A |

FIRE EXTINGUISHERS CHECKED & CARD SIGNED?

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

Checked Fire/Smoke Alarms? \_\_\_\_y

| yes |  |
|-----|--|
|     |  |

DATE: SEPS 18/2020 BASE: LASALUE





### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

#### **COMMENTS / CONCERNS:**

- O Cluter along wall in GaRDITE
with Chanin, Supplies, Boxes of linen, mobs eic.

To Replaced tags on all 5 File Extinguishers.

| Inspected By:                                   |   |
|---|---|
| B Harry BH<br>Labour Inspector – Sign and Print |   |
| Labour Inspector - Sign and Print               |   |
| Sh (forking)                                    |   |
| Management Inspector - Sign and Prin            | t |
|   |   |

DATE: SEM 18/2000 BASE: Layarle



### Corporation of the County of Essex Emergency medical services



#### MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment                        | PASS |
|--|------|
| Parking lot free of obstacles            | 1    |
| Walkways free of obstacles               |      |
| Building exterior sound                  | 1/2  |
| Garage doors functioning properly        |      |
| Garage doors open manually               |      |
| Man doors opening/closing properly       |      |
| Man doors secure                         |      |
| Windows functional / secure              | 1    |
| Outdoor lighting sufficient / functional | 1/2  |
| Outdoor seating / tables                 | 1/2  |
| 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                | 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 | 100  |
| Detectors tested and functional            |      |
| Eye wash station functional                |      |
| First Aid Kit checked and log signed       |      |
| Emergency lighting in good order           | 1    |
| Exit signs illuminated                     |      |
| 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      | 1    |
| Lighting adequate and functioning    | /    |
| 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            | 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     |      |
| MSDS current (within 2 years)  |      |
| Evacuation plan available      |      |
| Updated floor plans            | 1    |
| Emergency numbers and contacts | 2    |
| 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

Checked Fire/Smoke Alarms? 

yes \_\_\_\_\_no

| DATE: 🧲 | 18/70 | BASE: | LEAMINGTON  |
|---------|-------|-------|-------------|
| DATE:   | 18/20 | BASE: | CEAL-INDION |





### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

**COMMENTS / CONCERNS:** 

NEED TAGS FOR Extinguishers On Kitchen For waren (2) AT GAS Pumps.

Inspected By:

Labour Inspector - Sign and Print

Management Inspector - Sign and Print

DATE: SEPT 18/2020 BASE: LEARINGTON





| Outdoor Equipment                          | PASS | Office / Crew Room / Meeting Room    | PAS  |
|--|------|--------------------------------------|------|
| 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                   |      | Heat adequate and functioning        |      |
| Fuelling Stations                          |      | Air quality adequate                 |      |
| Garage                                     | PASS | Kitchen / Bathroom                   | PAS  |
| 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       |      |
| 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    |      |                                      |      |
| Exhaust fan functioning                    |      | Posting and Documents                | PASS |
| No Smoking sign                            |      | Mandatory postings present           |      |
| Clear of spills                            |      | MSDS current (within 2 years)        |      |
| Hazard container present                   |      | Evacuation plan available            |      |
| Fire extinguisher                          |      | Updated floor plans                  |      |
| Evidence of leaks/spills                   |      | Emergency numbers and contacts       |      |
| Spill collection container                 |      | Minutes posted                       |      |
| Lighting                                   |      |                                      |      |
| Medical Supply Room                        | PASS | FIRST AID KITS INVENTORIED A         |      |
| No slip / trip hazards                     |      | RESEALED (MARCH / JUNE / SEP         | / DE |
| Floor clean and clear                      |      | 3                                    |      |
| Supplies adequate                          |      | YES /N/A                             |      |
| Emergency Equipment                        | PASS | FIRE EXTINGUISHERS CHECKED           | . R  |
| Equipment in good working order            | TAGG | CARD SIGNED?                         | · OL |
| Extinguishers accessible, tagged and dated |      | 17                                   |      |
| Detectors tested and functional            |      |                                      |      |
| Eye wash station functional                |      | Number of Extinguishers Checked      |      |
|  |      |                                      |      |

| DATE: | SERY | 181   | 2020 | BASE: | MERCER |  |
|-------|------|-------|------|-------|--------|--|
| _     |      | - 0 1 |      |       |        |  |

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

First Aid Kit checked and log signed

Emergency lighting in good order

Exit doors free of obstructions

Exit signs illuminated

Pull stations accessible





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

Ø

**COMMENTS / CONCERNS:** 

A No Label on Spray Bottle, Removed. Sticker

| Inspected By | :            |                |
|--------------|--------------|----------------|
| 6            | lars         | 134            |
| Labour Insp  | ector – Sign | and Print      |
|              | Jark         |                |
| Management   | mspector -   | Sign and Print |

DATE: SEM 18/2020 BASE: MERCER



## 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 | Office / Crew Room / Meeting Room    | PASS   |
|--|------|--------------------------------------|--------|
| Parking lot free of obstacles              |      | No slip / trip hazards               |        |
| Walkways free of obstacles                 |      | Extension cords in good condition    | N.     |
| 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                   |      | Heat adequate and functioning        |        |
| Fuelling Stations                          |      | 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          |      | No overloaded receptacles            |        |
| Chemicals stored properly                  |      | Area carpets in good condition       |        |
| 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             | 1      |
| Oxygen stored securely and in safe area    |      | L- FF                                |        |
| Exhaust fan functioning                    |      | Posting and Documents                | PASS   |
| No Smoking sign                            |      | Mandatory postings present           |        |
| Clear of spills                            |      | MSDS current (within 2 years)        |        |
| Hazard container present                   |      | Evacuation plan available            |        |
| Fire extinguisher                          |      | Updated floor plans                  |        |
| Evidence of leaks/spills                   |      | Emergency numbers and contacts       |        |
| Spill collection container                 |      | Minutes posted                       | V      |
| Lighting                                   | 0    | 7                                    |        |
| Medical Supply Room                        | PASS | FIRST AID KITS INVENTORIED A         |        |
| No slip / trip hazards                     |      | RESEALED (MARCH / JUNE / SEP         | J/ DEC |
| Floor clean and clear                      |      |                                      |        |
| Supplies adequate                          |      | ES /N/A                              |        |
| Emergency Equipment                        | PASS | FIRE EXTINGUISHERS CHECKED           | &      |
| Equipment in good working order            | 1    | CARD SIGNED?                         |        |
| Extinguishers accessible, tagged and dated |      | 9                                    |        |
| Detectors tested and functional            |      | Number of Extinguish are Charles     |        |
| Eye wash station functional                |      | Number of Extinguishers Checked      |        |
| First Aid Kit checked and log signed       |      | EMERGENCY LIGHTING CHECK             | ED?    |
| Emergency lighting in good order           |      |                                      | •      |
| Exit signs illuminated                     |      |                                      |        |
| Exit doors free of obstructions            |      | Number of Lights Checked             |        |
| Pull stations accessible                   |      | Checked Fire/Smoke Alarms?yes        |        |

DATE: SEPT 18/20 BASE: TECCULET





### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

0

**COMMENTS / CONCERNS:** 

TENT POLES. REMOVED BY D.C.

| Inspected By:                         |
|---------------------------------------|
| B How                                 |
| Labour Inspector – Sign and Print     |
| DAC ( )                               |
| Management/Inspector - Sign and Print |

DATE: SEPT 18/20 BASE: TECHNISEH





#### MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment   |      | SS            | Office / Crew Room / Meeting Room       | PASS |
|---|------|---------------|---|------|
| Parking lot free of obstacles   | 1    |               | No slip / trip hazards                  | 1    |
| 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  |      | /             | Heat adequate and functioning           |      |
| Fuelling Stations   |      |               | Air quality adequate                    |      |
| Garage  | PASS |               | Kitchen / Bathroom                      | PASS |
| Clean and clear of obstacles  | 79   |               | 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          |      |
| 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   |      |               | Tappinament in good order               |      |
| Exhaust fan functioning   |      |               | Posting and Documents                   | PASS |
| No Smoking sign   | +    |               | Mandatory postings present              |      |
| Clear of spills   |      | _             | MSDS current (within 2 years)           | - 1  |
| Hazard container present  |      | Ť             | Evacuation plan available               |      |
| Fire extinguisher   |      |               | Updated floor plans                     |      |
| Evidence of leaks/spills  |      |               | Emergency numbers and contacts          |      |
| Spill collection container  | 1    |               | Minutes posted                          | ٥    |
| Lighting  | -    |               |   | 1    |
| Medical Supply Room   | PAS  | 2             | FIRST AID KITS INVENTORIED A            |      |
| No slip / trip hazards  | 1    | _             | RESEALED (MARCH / JUNE / SEP            | Γ/DE |
| Floor clean and clear   |      |               |   |      |
| Supplies adequate   |      |               | YES/N/A                                 |      |
| Supplies adequate   |      |               | TEST WA                                 |      |
| Emergency Equipment   | PAS  | S             | FIRE EXTINGUISHERS CHECKEE CARD SIGNED? | &    |
| Equipment in good working order   | 1    | $\overline{}$ | 2                                       |      |
| Extinguishers accessible, tagged and dated  |      | -             | 2                                       |      |
| Detectors tested and functional   |      |               | Number of Extinguishers Checked         |      |
| Eye wash station functional   |      |               |   |      |
| First Aid Kit checked and log signed  |      |               | EMERGENCY LIGHTING CHECK                | ED?  |
|   |      |               | <b>.</b>                                |      |
|   |      | _             |   |      |
| Emergency lighting in good order  Exit signs illuminated  Exit doors free of obstructions |      |               | Number of Lights Checked                |      |

DATE: SEPT 18/2020 BASE: Civile Commé.



### Corporation of the County of Essex Emergency medical services



### MONTHLY WORKPLACE INSPECTION CHECKLIST

**HAZARDS**:

**COMMENTS / CONCERNS:** 

B. Hay B. Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: SEM 18/2010 BASE: LIVIC CENTRE