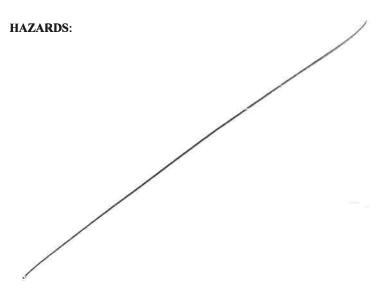




| Outdoor Equipment | PASS | Office / Crew Room / Meeting Room | PASS |
|---|-------|---|---------------|
| Parking lot free of obstacles | | No slip / trip hazards | |
| Walkways free of obstacles | | Extension cords in good condition | |
| Building exterior sound | | Free of loose wires / cables / 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 | 7 |
| 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 | | Tippinates III Book order | |
| 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 | ND |
| | 11111 | RESEALED (MARCH / JUNE / SEPT | r / DE |
| No slip / trip hazards | | | |
| No slip / trip hazards | | A | |
| No slip / trip hazards Floor clean and clear Supplies adequate | | YES / N/A | |
| Floor clean and clear Supplies adequate | DASS | YES / N/A | Q. |
| Floor clean and clear Supplies adequate Emergency Equipment | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED | & |
| Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order | PASS | YES / N/A | & |
| Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED | & |
| Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED | & |
| Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional Eye wash station functional | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked | |
| Floor clean and clear Supplies adequate Emergency Equipment 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 | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED CARD SIGNED? | |
| Floor clean and clear Supplies adequate Emergency Equipment 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 | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked | |
| Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked | |



MONTHLY WORKPLACE INSPECTION CHECKLIST



COMMENTS / CONCERNS:

As For NOW IT 15 NOT DAILY

USE:

Subbottoms

1) F.A.KIT

2) FLOOR RAN

3) EYE WASH. STATION

4) FIRE OXTINGUISHON

| Inspected By: | |
|------------------------|------------------|
| Labour Inspector - Sig | n and Print |
| 1 bull | Stronmu |
| Management Inspector | - Sign and Print |

DATE: DEC 15.20 BASE: ERIE STONAGE.





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 | 1 |
| Outdoor seating / tables | MY |
| Fuelling Stations | 11 |
| | |
| Garage | PASS |
| Clean and clear of obstacles | / |

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

| 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)

YES / N/A

FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

DEC 15.20



EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

Labout Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: DEC 15-20 BASE:

NOST





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 | 1 | 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 | 1 | Air Conditioning functioning | |
| Outdoor seating / tables | NA | Heat adequate and functioning | 1 |
| Fuelling Stations | NA | Air quality adequate | |
| Garage | PASS | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | | No slip / trip hazards | 7 |
| GFI's functioning | / | Extension cords in good condition | 7 |
| Extension cords in good condition | | No overloaded receptacles | |
| Chemicals stored properly | / | Area carpets in good condition | 1 |
| Goggles and gloves available | | Floors clean and clear | |
| All Chemicals labelled | | Lighting adequate and functioning | 1 |
| All equipment stored securely | | Hand Sanitizers available and filled | |
| Floor drains clear | | Toilet / Shower functioning | 1 |
| 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 | 1 |
| Clear of spills | | MSDS current (within 2 years) | / |
| Hazard container present | | Evacuation plan available | 1 |
| Fire extinguisher | | Updated floor plans | |
| Evidence of leaks/spills | | Emergency numbers and contacts | - |
| Spill collection container | | Minutes posted | , |
| Lighting | X | | |
| Medical Supply Room | PASS | FIRST AID KITS INVENTORIED A | |
| No slip / trip hazards | 17100 | RESEALED (MARCH / JUNE / SEP | r / DE |
| Floor clean and clear | | ✓ | |
| | | YES/N/A | |
| Supplies adequate | | i E5 / IVA | |
| Emergency Equipment | PASS | FIRE EXTINGUISHERS CHECKED | & |
| Equipment in good working order | | CARD SIGNED? | |
| Extinguishers accessible, tagged and dated | 1 | 7 | |
| Detectors tested and functional | // | Number of Extinguishers Checked | |
| | | - | |
| Eye wash station functional | 2 | ENTEROPEICE LOURING CHECK | ED0 |
| | 1, | EMERGENCY LIGHTING CHECK | LD: |
| First Aid Kit checked and log signed | 1 | EMERGENCY LIGHTING CHECK | բու |
| First Aid Kit checked and log signed Emergency lighting in good order | 1 | 6 | եր։ |
| Eye wash station functional First Aid Kit checked and log signed Emergency lighting in good order Exit signs illuminated Exit doors free of obstructions | 1 | Number of Lights Checked | ៤ ០? |

DATE: 1) EL 15.20 BASE: ABUILLO





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS/CONCERNS:

LEAK NOTED IN CROW Run ABUJE

F.E.,

FLOREL LITES GARRAGE & 2

Inspected By:

Picual

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: DA 15 20 BASE: A BURN





| 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 | 1 | No overloaded receptacles | |
| Chemicals stored properly | 1 | Area carpets in good condition | |
| Goggles and gloves available | / | Floors clean and clear | 1 |
| All Chemicals labelled | | Lighting adequate and functioning | |
| All equipment stored securely | 1 | Hand Sanitizers available and filled | 1 |
| Floor drains clear | 1 | Toilet / Shower functioning | NI |
| Heat functioning | | Appliances in good order | NI |
| Oxygen stored securely and in safe area | | | |
| Exhaust fan functioning | 1 | 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 | I / DEC |
| 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 | / | 2 | |
| Detectors tested and functional | | Number of Extinguishers Checked | |
| Eye wash station functional | / | Number of Exhiguishers Checked | |
| First Aid Kit checked and log signed | | EMERGENCY LIGHTING CHECK | ED? |
| Emergency lighting in good order | | 1. | • |
| | | | |
| Exit signs illuminated | | | |
| Exit signs illuminated Exit doors free of obstructions | | Number of Lights Checked | |

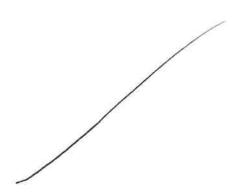
| DATE: | DEC | 15-20 | BASE: | Brows | MEANS |
|-------|-----|-------|-------|-------|-------|
| | | | | | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:



COMMENTS / CONCERNS:

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

DEC 15. 20 BASE: BROAD MEAD



Corporation of the County of Essex Emergency medical services



| 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 | NIA | Heat adequate and functioning | |
| Fuelling Stations | 1 | Air quality adequate | |
| Garage | PASS | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | - | No slip / trip hazards | 1 |
| GFI's functioning | | Extension cords in good condition | |
| Extension cords in good condition | 1 | No overloaded receptacles | 1 |
| 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 | 1 | Appliances in good order | 1 |
| Oxygen stored securely and in safe area | | M. | |
| Exhaust fan functioning | | Posting and Documents | <u>PASS</u> |
| 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 / DEC |
| Floor clean and clear | | | |
| Supplies adequate | | YES / N/A | |
| Emergency Equipment | PASS | FIRE EXTINGUISHERS CHECKED | & C |
| Equipment in good working order | | CARD SIGNED? | 100 |
| Extinguishers accessible, tagged and dated | 1 | 1250 | |
| Detectors tested and functional | / | Number of F | |
| 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 | | 图写12 | |
| Exit doors free of obstructions | - | Number of Lights Checked | |
| Pull stations accessible | | Checked Fire/Smoke Alarms?yes | |
| i un suutons accessiote | | Checken fire/Sinoke Alarms:yes | no |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

| Inspe | cted By: | | |
|--------|-------------|---------------|------------------|
| | 11/1 | 1 | 7/ |
| 1 | in | | U/ |
| Labo | ur Inspecto | r – Śigr | and Print |
| | hult | $\overline{}$ | C1. rann |
| \sim | July 1 | | Strommu |
| Mana | igement Ins | pector | – Sign and Print |

DATE: DEC 15-20 BASE: Mencen STATION





| 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 | 1 |
| 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 | | Floors clean and clear | 1 |
| 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 | 1/10 | Heat adequate and functioning | 1 |
| Fuelling Stations | 14/14 | Air quality adequate | 1 |
| | | | |
| Garage | PASS | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | | No slip / trip hazards | |
| 3FI's functioning | | Extension cords in good condition | |
| Extension cords in good condition | | No overloaded receptacles | |
| Chemicals stored properly | | Area carpets in good condition | 1 |
| Goggles and gloves available | | Floors clean and clear | - |
| All Chemicals labelled | / | Lighting adequate and functioning | 4 |
| All equipment stored securely | | Hand Sanitizers available and filled | 9 |
| loor drains clear | / | Toilet / Shower functioning | 1 |
| Heat functioning | | Appliances in good order | |
| Oxygen stored securely and in safe area | | [w a .w . | D + 00 |
| xhaust 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 | 1 | Updated floor plans | |
| Evidence of leaks/spills | | Emergency numbers and contacts | |
| Spill collection container | | Minutes posted | |
| ighting | / | | |
| W 15 1 B | DAGG | FIRST AID KITS INVENTORIED A | ND |
| Medical Supply Room | PASS | 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 | | 3 | |
| Detectors tested and functional | | Number of Entiropiels Charles | |
| Eye wash station functional | | Number of Extinguishers Checked | |
| First Aid Kit checked and log signed | | EMERGENCY LIGHTING CHECKI | ED? |
| Emergency lighting in good order | | / | |
| Exit signs illuminated | | 6 | |
| we signs mannated | | Number of Lights Checked | |
| exit doors free of obstructions | | 2 | |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

Labour Inspector – Sign and Print

Management Inspector – Sign and Print

DATE: DEC 15-20

BASE:





MONTHLY WORKPLACE INSPECTION CHECKLIST

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

| Garage | PASS PASS |
|---|-----------|
| Clean and clear of obstacles | 1 |
| GFI's functioning | |
| Extension cords in good condition | |
| Chemicals stored properly | 1 |
| Goggles and gloves available | |
| 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 | 1 |
| Hazard container present | |
| Fire extinguisher | 1 |
| Evidence of leaks/spills | 1 |
| Spill collection container | / |
| Lighting | ×2 |

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

| 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 | |
| Emergency lighting in good order | / |
| Exit signs illuminated | 1 |
| Exit doors free of obstructions | / |
| Pull stations accessible | |

| Office / Crew Room / Meeting Room | PASS |
|--------------------------------------|------|
| No slip / trip hazards | |
| Extension cords in good condition | 1 |
| 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 | XI2 |
| Air Conditioning functioning | 1 |
| Heat adequate and functioning | / |
| Air quality adequate | 1 |

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

YES / N/A

FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

5

Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

Checked Fire/Smoke Alarms? ______no





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

WATER COULT : REPORTS OF TASTE/SMALL OF MOLD/ MILDOW LAST SONVILE DATE SEPT/20

COMMENTS / CONCERNS:

LITES GARAGE / CREW Rom

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

DATE: 120 15.20 BASE: Hannon





| Outdoor Equipment | PASS | Office / Crew Room / Meeting Room |
|--|------|--------------------------------------|
| Parking lot free of obstacles | | No slip / trip hazards |
| Walkways free of obstacles | | Extension cords in good condition |
| Building exterior sound | | Free of loose wires / cables / cords |
| Garage doors functioning properly | | No overloaded receptacles |
| Garage doors open manually | | Area carpets in good condition |
| Man doors opening/closing properly | / | Floors clean and clear |
| Man doors secure | | Furniture in good working order |
| Windows functional / secure | | Lighting adequate and functioning |
| Outdoor lighting sufficient / functional | | Air Conditioning functioning |
| Outdoor seating / tables | 1 | Heat adequate and functioning |
| Fuelling Stations | | Air quality adequate |
| | | C71 |
| Garage | PASS | Kitchen / Bathroom |
| Clean and clear of obstacles | / | No slip / trip hazards |
| GFI's functioning | 1 | 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 | | t app. tames in good side. |
| Exhaust fan functioning | | Posting and Documents |
| 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 | | |
| Lighting | | |
| Medical Supply Room | PASS | FIRST AID KITS INVENTORIED A |
| No slip / trip hazards | | RESEALED (MARCH / JUNE / SEP |
| Floor clean and clear | | |
| Supplies adequate | | YES / N/A |
| manufacture of the second of t | | |
| Emergency Equipment | PASS | FIRE EXTINGUISHERS CHECKED |
| Equipment in good working order | | CARD SIGNED? |
| Extinguishers accessible, tagged and dated | | 6 |
| Detectors tested and functional | | Number of Extinguishers Checked |
| Eye wash station functional | | radinoet of Extinguishers Checked |
| First Aid Kit checked and log signed | | EMERGENCY LIGHTING CHECK |
| | | \mathcal{O} |
| Emergency lighting in good order | | |
| Emergency lighting in good order Exit signs illuminated | | |
| Emergency lighting in good order Exit signs illuminated Exit doors free of obstructions | | Number of Lights Checked |

| DATE: | 1)32 | 15.20 | BASE: | 34 chom | |
|-------|------|-------|-------|---------|--|
|-------|------|-------|-------|---------|--|

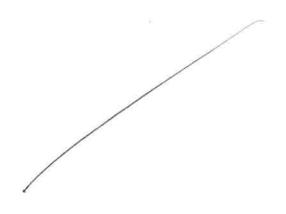


Corporation of the County of Essex Emergency medical services



MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:



COMMENTS / CONCERNS:

DRAINAMÉ PIPÉ ON SOULL INTUNION
WALL LEAKS DURINK RAIN STORMS
FIRE XTINHUISHON CORUM RIR @
FUCTION STATION

- EAST REAR DONN E CITE ? BATT
LITE GOES OUT

| Inspected By: | . 1 |
|----------------------|---------------------|
| $\supset 11$ (| |
| tich (| 4 |
| Labour Inspector - S | ign and Print |
| hund | V |
| A CHIMAN | Strommu |
| Management Inspect | or – Sign and Print |

DATE: DE 15 20 BASE: JAFENSU



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 | 1 | | No overloaded receptacles | 1 |
| Garage doors open manually | / | | Area carpets in good condition | |
| Man doors opening/closing properly | / | | Floors clean and clear | 1 |
| Man doors secure | |] | Furniture in good working order | / |
| Windows functional / secure | / | | Lighting adequate and functioning | 1 |
| Outdoor lighting sufficient / functional | / | | Air Conditioning functioning | |
| Outdoor seating / tables | NIA | | Heat adequate and functioning | 1 |
| Fuelling Stations | 1. P. P. |] | Air quality adequate | |
| Garage | PASS | 1 | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | - | | No slip / trip hazards | 1 |
| GFI's functioning | / | | Extension cords in good condition | 1 |
| Extension cords in good condition | / | | No overloaded receptacles | / |
| Chemicals stored properly | | | Area carpets in good condition | / |
| Goggles and gloves available | 1 | | Floors clean and clear | / |
| All Chemicals labelled | | | Lighting adequate and functioning | |
| All equipment stored securely | 1 | | Hand Sanitizers available and filled | / |
| Floor drains clear | | * | Toilet / Shower functioning | 1 |
| Heat functioning | 1 | | Appliances in good order | |
| Oxygen stored securely and in safe area | | | | |
| Exhaust fan functioning | | | Posting and Documents | PASS |
| No Smoking sign | | | Mandatory postings present | 1 |
| Clear of spills | / | | MSDS current (within 2 years) | - |
| Hazard container present | / | | Evacuation plan available | 1 |
| Fire extinguisher | / | | Updated floor plans | - |
| Evidence of leaks/spills | | | Emergency numbers and contacts | 1 |
| Spill collection container | / | | Minutes posted | |
| Lighting | / |] | | |
| Medical Supply Room | PASS | Ī | FIRST AID KITS INVENTORIED A | |
| No slip / trip hazards | 1 | | RESEALED (MARCH / JUNE / SEPT | I / DE(|
| Floor clean and clear | / | | | |
| Supplies adequate | 1 |] | YES / N/A | |
| Emergency Equipment | PASS | ľ | FIRE EXTINGUISHERS CHECKED | & |
| Equipment in good working order | | | CARD SIGNED? | |
| Extinguishers accessible, tagged and dated | / | | | |
| Detectors tested and functional | 1 | | Number of Estimatishers Cheshed | |
| Eye wash station functional | | | Number of Extinguishers Checked | |
| First Aid Kit checked and log signed | | | EMERGENCY LIGHTING CHECK | ED? |
| Emergency lighting in good order | 1 | | | • |
| Exit signs illuminated | / | | | |
| Exit doors free of obstructions | 1 | | Number of Lights Checked | |
| | | 1 | | |

| DATE: | Dec | 15 | .20 | BASE: | Kinhsvillé | |
|-------|-----|----|-----|-------|------------|--|
| _ | | | | | | |

Checked Fire/Smoke Alarms? ______no





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

DRAIN (HARAGE) NEUDS MAINTENANCE (SLOW)

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

Del 15.20 BASE: Kinhsville





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS | Office / Crew Room / Meeting Room | PAS |
|---|--|--|-------------|
| Parking lot free of obstacles | 1 | 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 | 1 |
| Outdoor seating / tables | N/n | Heat adequate and functioning | 1 |
| Fuelling Stations | 177 | 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 | 1 |
| Chemicals stored properly | 1 | 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 | PAS |
| 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 | 4 | | |
| Medical Supply Room | PASS | FIRST AID KITS INVENTORIED AT RESEALED (MARCH / JUNE / SEPT | |
| No slip / trip hazards | | (12.02.12.2.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2 | |
| Floor clean and clear | 1 | | |
| Supplies adequate | | YES / N/A | |
| | | FIRE EXTINGUISHERS CHECKED | & |
| 20 - 20 - 00 - 00 - 00 - 00 - 00 - 0 | PASS | | |
| Equipment in good working order | PASS | CARD SIGNED? | |
| Equipment in good working order Extinguishers accessible, tagged and dated | PASS | | |
| Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional | PASS / | | |
| Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional | PASS / | CARD SIGNED? | |
| Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional Eye wash station functional | PASS / | CARD SIGNED? ### STATE | ED? |
| 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 | PASS / / / / / / / / | CARD SIGNED? Self-based Number of Extinguishers Checked EMERGENCY LIGHTING CHECKE | ED? |
| 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 | PASS / / / / / / / / / / / / / / / / / / | CARD SIGNED? Self-based Number of Extinguishers Checked EMERGENCY LIGHTING CHECKE | E D? |
| Emergency Equipment 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 | PASS / / / / / / / / / / / / / / / / / / | CARD SIGNED? ### STATE | |

DATE: DEC 15 20 BASE: LAUS SHORE





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

E. LITES Womens B/R (BATT)

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

15-20 BASE: LAKE Sources





ION CHECKLIST

| Outdoor Equipment | PASS | Office / |
|--|------|-------------|
| Parking lot free of obstacles | | No slip / t |
| Walkways free of obstacles | | Extension |
| Building exterior sound | - | Free of lo |
| Garage doors functioning properly | | No overlo |
| Garage doors open manually | | Area carp |
| Man doors opening/closing properly | | Floors cle |
| Man doors secure | | Furniture |
| Windows functional / secure | / | Lighting a |
| Outdoor lighting sufficient / functional | | Air Condi |
| Outdoor seating / tables | 11/0 | Heat adeq |
| Fuelling Stations | NO | Air qualit |
| Garage | PASS | Kitchen |
| Clean and clear of obstacles | | No slip / t |
| GFI's functioning | | Extension |
| Extension cords in good condition | | No overlo |
| Chemicals stored properly | | Area carp |
| Goggles and gloves available | | Floors cle |
| All Chemicals labelled | | Lighting a |
| All equipment stored securely | | Hand San |
| Floor drains clear | | Toilet / Sh |
| Heat functioning | | Appliance |
| Oxygen stored securely and in safe area | | |
| Exhaust fan functioning | | Posting |
| No Smoking sign | | Mandator |
| Clear of spills | | MSDS cui |
| Hazard container present | / | Evacuation |
| Fire extinguisher | / | Updated f |
| Evidence of leaks/spills | | Emergenc |
| Spill collection container | | Minutes p |
| Lighting | 1 | |

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

| 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 | / |
| 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 | 1 |
| Floors clean and clear | / |
| Furniture in good working order | / |
| Lighting adequate and functioning | _ |
| Air Conditioning functioning | / |
| Heat adequate and functioning | |
| Air quality adequate | 1 |

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

| Posting and Documents | PASS |
|--------------------------------|------|
| Mandatory postings present | |
| MSDS current (within 2 years) | _ |
| Evacuation plan available | - |
| Updated floor plans | |
| 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?

10 Number of Lights Checked

Checked Fire/Smoke Alarms?

| yes | |
|-----|--|
| _ | |

1) 3 15 25

BASE: LASACLE



MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

EL: EB-2, FLECTRICAL RM MALFUNCTION
ONRY LITES UP T FEST BUTTON

Labour Inspector - Sign and Print Management Inspector - Sign and Print

DATE: DEL 15-20 BASE: LASALLE





MONTHLY WORKPLACE INSPECTION CHECKLIST

| Outdoor Equipment | PASS |
|--|------|
| Parking lot free of obstacles | / |
| Walkways free of obstacles | / |
| Building exterior sound | 1 |
| Garage doors functioning properly | |
| Garage doors open manually | 1 |
| Man doors opening/closing properly | |
| Man doors secure | / |
| Windows functional / secure | 1 |
| Outdoor lighting sufficient / functional | 1 |
| Outdoor seating / tables | INIA |
| Fuelling Stations | |
| Garage | PASS |
| Clean and clear of obstacles | |
| GFI's functioning | |
| E tourism and in and a sudition | |

| Garage | PASS |
|---|------|
| Clean and clear of obstacles | / |
| GFI's functioning | 1 |
| Extension cords in good condition | / |
| Chemicals stored properly | / |
| Goggles and gloves available | // |
| All Chemicals labelled | 1 |
| All equipment stored securely | |
| Floor drains clear | |
| Heat functioning | / |
| Oxygen stored securely and in safe area | 1 |
| Exhaust fan functioning | |
| No Smoking sign | |
| Clear of spills | 1 |
| Hazard container present | 1 |
| Fire extinguisher | 1 |
| Evidence of leaks/spills | / |
| Spill collection container | 1 |
| Lighting | 3 |

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

| Emergency Equipment | PASS |
|--|------|
| Equipment in good working order | / |
| Extinguishers accessible, tagged and dated | 1 |
| Detectors tested and functional | 1 |
| Eye wash station functional | / |
| First Aid Kit checked and log signed | 1 |
| Emergency lighting in good order | 7 |
| 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 | 1 |
| Free of loose wires / cables / cords | 1 |
| No overloaded receptacles |) |
| Area carpets in good condition | 1 |
| Floors clean and clear | 1 |
| Furniture in good working order | 1 |
| Lighting adequate and functioning | 1 |
| Air Conditioning functioning | 1 |
| Heat adequate and functioning | 1 |
| Air quality adequate | 1 |

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

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

| FIRST | AID | KITS | INVENT | FORIE | D AND |) |
|-------|-----|------|----------|--------------|--------|------|
| RESEA | LED | (MA | RCH / JI | UNE / S | SEPT / | DEC) |

YES / N/A

FIRE EXTINGUISHERS CHECKED & **CARD SIGNED?**

10 Number of Extinguishers Checked

EMERGENCY LIGHTING CHECKED?

Number of Lights Checked

Checked Fire/Smoke Alarms? ______no

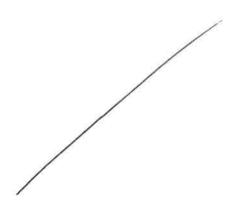
| DATE: | Del 15.20 | BASE: FAM ILL TO |
|-------|-----------|------------------|
| | | =: |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:



COMMENTS / CONCERNS:

| * | MAN DOOR (INTERVOR) TO GARAGE |
|----------|-----------------------------------|
| _ | LITE ADOVE SINK (MINS ENANTE Ran) |
| _ | HEAT IS AN ISSUE |
| | E. LITE WILLIAM KITCHEN (BAT) |
| - Odina | Litt in Sorvan Rm (NOV) |

| Inspected By:// | |
|------------------|------------------------|
| () All | ~ A |
| 1/14 | DPicuér |
| Labour Inspector | – Sign and Print |
| of hutter | Stromm |
| MIMMOR | ✓ Strommo. |
| Management Insp | ector – Sign and Print |

DATE: 15.20 BASE: LEARNIN LOV





| 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 | | No slip / trip hazards | |
| GFI's functioning | - | Extension cords in good condition | |
| Extension cords in good condition | / | No overloaded receptacles | 1 |
| Chemicals stored properly | 1 | Area carpets in good condition | |
| Goggles and gloves available | 1 | Floors clean and clear | 9 |
| All Chemicals labelled | 1 | Lighting adequate and functioning | 1 |
| All equipment stored securely | 1 | Hand Sanitizers available and filled | 1 |
| Floor drains clear | | Toilet / Shower functioning | / |
| Heat functioning | | Appliances in good order | / |
| Oxygen stored securely and in safe area | / | The state of the s | |
| Exhaust fan functioning | / | Posting and Documents | PASS |
| No Smoking sign | / | Mandatory postings present | _/ |
| Clear of spills | | MSDS current (within 2 years) | / |
| Hazard container present | 1 | Evacuation plan available | 1 |
| Fire extinguisher | | Updated floor plans | |
| Evidence of leaks/spills | | Emergency numbers and contacts | 1 |
| Spill collection container | 1 | Minutes posted | |
| Lighting | | | |
| Medical Supply Room | PASS | FIRST AID KITS INVENTORIED A | |
| vieuicai Supply Kooiii | | RESEALED (MARCH / JUNE / SEPT | r / DEC |
| | / | | |
| No slip / trip hazards | - | | |
| | 1 | YES / N/A | |
| No slip / trip hazards Floor clean and clear Supplies adequate | PASS | YES / N/A FIRE EXTINGUISHERS CHECKED | & |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment | PASS | | & |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order | PASS | FIRE EXTINGUISHERS CHECKED | & |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? | & |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional | PASS | FIRE EXTINGUISHERS CHECKED | & |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment Equipment in good working order Extinguishers accessible, tagged and dated Detectors tested and functional Eye wash station functional | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked | |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment 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 | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? | |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment 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 | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked * 2 EMERGENCY LIGHTING CHECKING CHECK | |
| No slip / trip hazards Floor clean and clear Supplies adequate Emergency Equipment 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 | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? Number of Extinguishers Checked | |

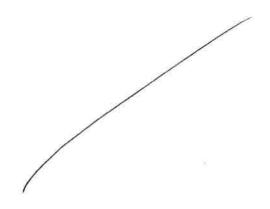
| DATE: _ | Dez | 15-20 | BASE: _ | Moreon | STATION |
|---------|------|-------|---------|---------|---------|
| DATE: _ | 1250 | 12 50 | BASE: | picheun |)TATION |





MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:



COMMENTS / CONCERNS:

Labour Inspector - Sign and Print

Management Inspector – Sign and Print

DE 15-20 BASE: Mences ST.





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 | NI | Heat adequate and functioning | - |
| Fuelling Stations | IA | Air quality adequate | |
| Garage | PASS | Kitchen / Bathroom | PASS |
| Clean and clear of obstacles | | No slip / trip hazards | 7 |
| GFI's functioning | 1 7 | Extension cords in good condition | 1 |
| Extension cords in good condition | 1 | 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 | 1 | Hand Sanitizers available and filled | |
| Floor drains clear | 1 | Toilet / Shower functioning | |
| Heat functioning | 1 | Appliances in good order | |
| Oxygen stored securely and in safe area | 1 | Apphances in good order | |
| Exhaust fan functioning | | Posting and Documents | PASS |
| No Smoking sign | + - | Mandatory postings present | 1 |
| Clear of spills | 1 | MSDS current (within 2 years) | - |
| Hazard container present | 1 | Evacuation plan available | 1 |
| Fire extinguisher | 1 / | Updated floor plans | - |
| Evidence of leaks/spills | + - | Emergency numbers and contacts | |
| | + - | Minutes posted | |
| Spill collection container Lighting | | » I | |
| Medical Supply Room | PASS- | FIRST AID KITS INVENTORIED A | ND |
| No slip / trip hazards | 1 733 | RESEALED (MARCH / JUNE / SEPT | r / DE (|
| | 1 | | |
| Floor clean and clear | 1 | YES / N/A | |
| Supplies adequate | | YES/ N/A | |
| Emergency Equipment | PASS | FIRE EXTINGUISHERS CHECKED CARD SIGNED? | & |
| Equipment in good working order | / | CARD SIGNED: | |
| | | <i>%</i> (. | |
| Extinguishers accessible, tagged and dated | | • | |
| Detectors tested and functional | 1 | Number of Extinguishers Checked | |
| Detectors tested and functional Eye wash station functional | | - | |
| Detectors tested and functional Eye wash station functional First Aid Kit checked and log signed | | EMERGENCY LIGHTING CHECKI | ED? |
| Detectors tested and functional Eye wash station functional First Aid Kit checked and log signed Emergency lighting in good order | 1 | - | ED? |
| Detectors tested and functional Eye wash station functional First Aid Kit checked and log signed | | EMERGENCY LIGHTING CHECKI | ED? |
| Detectors tested and functional Eye wash station functional First Aid Kit checked and log signed Emergency lighting in good order | 1 | EMERGENCY LIGHTING CHECKI | ED? |

DATE: DEC 15.20 BASE: BASE: TEC



(O) EMS

MONTHLY WORKPLACE INSPECTION CHECKLIST

HAZARDS:

COMMENTS / CONCERNS:

HALL WAY LITE

2 Lité en Ram- autsiné Doon

Labour Inspector – Sign and Print

Stromme

Management Inspector – Sign and Print

BASE: TEC