

WORKPLACE INSPECTION RECORDING FORM

Store No.:		Inspected By:		Date of Inspection:		Time of Inspection:	
INSPECTION			FOLLOW-UP FOR HAZARDS OBSERVED				
Hazards Observed	OK (?)	If NOT OK Hazard Class (see below)	Correction Made <u>OR</u> Recommended Action	By		Date Completed	Action Taken/Follow-Up Comments
				Whom	When		
EXTERIOR / PARKING LOT							
Are parking areas well lit?							
Are parking areas free of snow, ice, debris or other obstructions?							
Are sidewalks and pavements clear of potholes, snow, ice, debris or other obstructions?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							
ENTRANCES							
Are all entrances well lit?							
Are the door closure devices working properly?							
Are the threshold plates on all doors secured? No protruding screws?							
Are there solid glass door markers to alert the customers?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							

Class "A" Hazard: Serious hazard requiring immediate attention (Stop Work)

Class "B" Hazard: Hazard requiring attention as soon as possible.

Class "C" Hazard: Hazard requiring attention.

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				Whom	When		
CUSTOMER AREA							
Are customer areas well lit?							
Are floors free of slip hazards?							
Are changes in the floor elevation clearly identified?							
Are signs used to indicate that floors are wet and slippery while mopping?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							
FRONT COUNTER							
Is the front counter well lit?							
Is the dishwasher door closed when unattended?							
Is the floor free of tripping hazards, debris, or obstructions? (i.e. Waxies, boxes, etc.)							
Are oven mitts being worn where required?							
Are oven mitts in good condition? (i.e. No holes, split seams, etc.)							
Are oven doors closed when unattended?							
Are bagel cutters being used properly?							
Are knives being used and stored properly?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							

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KITCHEN AREA							
Is kitchen well lit?							
Is the floor clear of wet spots and/or debris? (i.e. Paper, food, etc.)							
Are wet floor signs available? Are they in useable condition? Are they being used?							
Is the area free of tripping hazards, debris and obstructions?							
Are all mixers guarded?							
Are oven mitts available and in good condition? (i.e. No holes, split seams, etc.)?							
Are knives being used and properly stored in designated area(s)?							
Are lids being used on pots or pans when hot food is carried to and from the stove/kitchen?							
Are all handles on cooking pots/pans well secured?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							
STORAGE AREAS							
Are all storage areas well lit, including the fridge and freezer?							
Is the interior door latch of the fridge and freezer working properly to allow for exit from within? (i.e. Door does not stick; components are not loose, etc.)							
Are ladders/step stools available? Are they in good condition? (i.e. Non-slip feet, broken or loose rungs, etc.)							
Are heavier items and bulkier items stored on bottom or lower shelves?							

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STORAGE AREAS							
Are racks/shelves suitable for load?							
Are the tall or heavy shelves firmly secured?							
Are stored items kept at least 18 inches below the sprinkler heads and overhead heaters?							
Are there any boxes or other flammable materials near the overhead heaters?							
Are aisles free of tripping hazards?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							
STAFF ROOM							
Housekeeping being done?							
Other concerns?							
OFFICE							
Housekeeping being done?							
Electrical – are all cords and wires in good condition and out of the way?							
Other concerns?							
WASHROOMS							
Cleanliness and housekeeping?							
Other concerns?							

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ELECTRICAL ROOM							
Is the area (at least 1 meter) in front of the electrical panel clean and clear of any objects?							
Does the entrance to the room or similar enclosure containing exposed, live electrical parts; have any warning sign of danger?							
Are there any chemicals being stored in the room?							
Other concerns?							
EMERGENCY AND FIRE							
Is there an emergency phone numbers list next to the phone(s)? Is it current and legible?							
Are all emergency exits clearly identified and well lit?							
Are all exit doors completely free of debris or obstruction?							
Are all fire extinguishers being inspected monthly? Is the tag initialled and dated?							
Do electrical outlets, which are not in use, have covers?							
Is the emergency evacuation plan posted?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							

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WHMIS							
Are all "controlled products" identified by either a Supplier label or Workplace label?							
Is there an inventory list that identifies what WHMIS materials are stored, used and handled in the store?							
Are chemicals stored properly?							
Are there Material Safety Data Sheets (MSDS) for each product on the inventory sheet?							
Are all MSDS sheets current?							
Are the MSDS sheets available in a location accessible to all employees, and where controlled products are used?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							
PERSONAL PROTECTIVE EQUIPMENT							
Is PPE available? Stored properly? Accessible?							
Is PPE in good condition?							
Is there an eyewash station in the area?							
Is the eye wash station clean and free of obstructions?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							

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FIRST AID							
Is there an appropriate provincial poster at the First Aid Station?							
Is there an appropriate First Aid Kit available and easily accessible?							
Is the First Aid Kit fully stocked?							
Is the First Aid Kit inspected at least quarterly? Is there documentation of the inspection available?							
Is there someone certified in First Aid on each shift?							
Is the certificate of the First Aid Attendants current and posted?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							

GENERAL							
Is the Health and Safety Policy posted in a conspicuous place?							
Are all the names of the Joint Health and Safety Committee members or the Health and Safety Rep posted?							
Are the three (3) most recent JHSC meeting minutes posted?							
Is the Act and Regulations posted/easily available to all employees?							
Are employees following safe work practices?							
Other concerns?							
Employee/Supervisor/Manager Contacts and/or Observations of Employee Activities:							
Commendation of Exemplary Conditions and Practices (i.e. Acknowledges good behaviour)							



CONTACTS MADE WITH WORKERS DURING OUR INSPECTION

Workers Name	Work Location	Concerns:

SUPERVISORS / MANAGERS THAT PARTICIPATED IN THIS INSPECTION

Supervisors Name	Work Location	Action items taken during our inspection

Copies To (For Action):	Date Forwarded:
Copies To (For Information):	Date Forwarded:

Signature of Inspector:	Reviewed by worker Co-Chair (Signature and Date):	Reviewed by Management Co-Chair (Signature and Date):	Reviewed by Management (Signature and Date)
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