



## Southern Health-Santé Sud Workplace Safety and Health Inspection Checklist

Department/Area: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

	YES	NO	N/A	Follow Up Action Required	Completion Date
<b>Section 1: Work Environment</b>					
1. Is there anything in your work environment that you are concerned about?					
2. Adequate Lighting in rooms/hallways including exit lights?					
3. Walking surfaces in good repair and free of slip/trip hazards					
4. Temperature, Humidity, and ventilation					
5. Noise level- Appropriate PPE available and staff trained of use?					
6. All furniture in good repair? (free of sharp edges etc)					
7. Are workstation's space adequate and chairs adjustable?					
8. Adequate vision at corners of hallways?					
9. Is stock materials stored safely (heavy on bottom, light on top)					
10. Is the area clean & equipment stored properly?					
11. Are portable wet floor signs being used?					
12. Are extension cords in good working order, used properly and not permanent?					
13. Are handrails securely fastened to walls and in good condition?					
<b>Section 2: Staff</b>					
1. ID badges worn by all staff visible					
2. Are staff aware of risks or potential hazards and safe work procedures?					
3. Do you know the occurrence reporting process? (occurrence report, notice of injury) (i.e. Page 7 & 8-Section "C")					
4. Are staff aware of reporting faulty equipment?					
5. Do staff know where the MSDS binders are located					
6. Are Spill kits available (as required). Staff are trained in its use?					
7. Do you know where PPE is located and when and how to use? Is it in good working order?					
8. Are staff familiar with the actions to be taken during a fire or emergency situation?					
9. Do staff know the location of nearest pull station and its use?					
10. Do staff know the location of the nearest fire extinguisher?					
11. Do staff know where the eyewash station/bottle is? Are staff trained					

	YES	NO	N/A	Follow Up Action Required	Completion Date
12. Where do you find the WS&H and Infection Control policies?					
13. Do you know where the emergency code plans are located?					
<b>Section 3: Equipment</b>					
1. Is all equipment in good working order? Easy to locate and stored in appropriate location?					
2. Are grade 1 or 2 ladders/stools available?					
3. Is there a sufficient space allowed for sprinkler heads (min 18 inches)					
<b>Section 4: Hazardous Substances (chemical or biological)</b>					
1. Do all hazardous materials have a proper label (workplace/supplier)? Labels legible and correct?					
2. Are all hazardous substances secured in patient areas?					
3. Are compressed gas cylinders secured?					
4. Are there sufficient sharps containers?					
5. Are sharps containers overfilled?					
<b>Section 5: Emergency Plans, Procedures and Equipment</b>					
1. Are fire exits, electrical panels clear from obstructions					
2. Automatic fire doors are free from obstacles and in good working order					
3. Are fire extinguishers secured and checked on a monthly basis and recorded					
<b>Section 6: Area Specific</b>					
1.					
2.					
3.					
4.					
5.					

Completed by: \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy of inspection form given to: \_\_\_\_\_ date: \_\_\_\_\_  
(manager)

\*\* Manager responsible for submitting follow up action completed to Workplace Safety and Health ( \_\_\_\_\_ / \_\_\_\_\_ )  
within 30 days of receipt \*\*\*

Chair

Co-Chair