

## WORKPLACE INSPECTION CHECKLIST - GENERAL SCHOOL/SITE

Site Name:

Address:

Worker Representative Inspector:

Management Inspector:

Inspection Date:

ITEM	YES/ NO	IF NO, INDICATE A/B/C	SPECIFICS AND ACTIONS ( I.Will to initiate work request to have floor repaired in room 12)
<b>GENERAL ITEMS</b>			
Visitor's Signing in and out system	Y <input type="checkbox"/> N <input type="checkbox"/>		
Occupational Safety Board posted with: - last three JHSC meeting summaries - First Aid Attendants certificates posted - In case of Injury Poster - Employee Incident Report	Y <input type="checkbox"/> N <input type="checkbox"/>		
Staff are aware of JHSC members and roles	Y <input type="checkbox"/> N <input type="checkbox"/>		
Staff know what to do in the event of a workplace injury	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>ELECTRICAL SAFETY</b>			
Power bars connected to main receptacle, not to another extension cord	Y <input type="checkbox"/> N <input type="checkbox"/>		
Electrical equipment grounded/CSA approved	Y <input type="checkbox"/> N <input type="checkbox"/>		
Cords secured under desks or along baseboards	Y <input type="checkbox"/> N <input type="checkbox"/>		
Three wire plugs have the ground pin securely in place	Y <input type="checkbox"/> N <input type="checkbox"/>		
Electrical panels are not obstructed	Y <input type="checkbox"/> N <input type="checkbox"/>		
Cords, fixtures & plugs are in good condition	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>FIRST AID</b>			
First Aid Attendant clearly posted	Y <input type="checkbox"/> N <input type="checkbox"/>		
First Aid kits/stations orderly and inventories completed	Y <input type="checkbox"/> N <input type="checkbox"/>		

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<b>STORAGE</b>			
Heavy items, e.g. paper, stored on lower and middle shelves of storage cabinets	Y <input type="checkbox"/> N <input type="checkbox"/>		
There is a CSA approved step stool or ladder (CSA 1 or 1a) available to reach the top shelves	Y <input type="checkbox"/> N <input type="checkbox"/>		
All chemicals labelled, e.g. photocopying toner etc...	Y <input type="checkbox"/> N <input type="checkbox"/>		
MSDS available for the products	Y <input type="checkbox"/> N <input type="checkbox"/>		
Shelving is stable and secure (in the event of an earthquake)	Y <input type="checkbox"/> N <input type="checkbox"/>		
Items stored on shelves are well organized to minimize falling of loose materials.	Y <input type="checkbox"/> N <input type="checkbox"/>		
TVs or other loose devices secured	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>HALLWAYS/WALKWAYS</b>			
Main hallways and foyers are clear of materials or equipment and are at least 1 m (36 in.) wide	Y <input type="checkbox"/> N <input type="checkbox"/>		
Floors are kept dry, clean and free of oil or grease	Y <input type="checkbox"/> N <input type="checkbox"/>		
Wet floors signs available	Y <input type="checkbox"/> N <input type="checkbox"/>		
Carpet or tiles are in good condition (no loose or lifting carpet or tiles)	Y <input type="checkbox"/> N <input type="checkbox"/>		
Doorways and exits are clear of materials or equipment	Y <input type="checkbox"/> N <input type="checkbox"/>		
Lighting levels and emergency lighting in hallways are adequate	Y <input type="checkbox"/> N <input type="checkbox"/>		

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Signs and fixtures are securely fastened to the wall	Y <input type="checkbox"/> N <input type="checkbox"/>		
Handrails secured to the wall	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>FIRE SAFETY/EMERGENCY</b>			
Less than 20% of the total wall surface area is covered with combustible art/paper materials in a building with sprinklers OR	Y <input type="checkbox"/> N <input type="checkbox"/>		
Less than 50% of the total wall surface area is covered with combustible art/paper in a building with sprinklers	Y <input type="checkbox"/> N <input type="checkbox"/>		
Emergency exits marked and free from obstructions	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fire doors are closed as required	Y <input type="checkbox"/> N <input type="checkbox"/>		
Smoke/fire alarms are in place	Y <input type="checkbox"/> N <input type="checkbox"/>		
Exit doors swing outwards	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fire extinguishers are clearly marked, secured, inspected with tags	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fire alarm pulls marked, functional and unobstructed	Y <input type="checkbox"/> N <input type="checkbox"/>		
Emergency lighting system functional	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>KITCHEN AREAS</b>			
Appliances in good condition	Y <input type="checkbox"/> N <input type="checkbox"/>		
Local exhaust ventilation (where installed) operating with filters and is the under-hood area clean	Y <input type="checkbox"/> N <input type="checkbox"/>		

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Pot holders/mitts accessible in cooking technology area	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fire extinguisher secured to the wall with an inspection tag indicating visual inspection within the last month	Y <input type="checkbox"/> N <input type="checkbox"/>		
The area around and above stoves or stove hoods kept free from combustible materials	Y <input type="checkbox"/> N <input type="checkbox"/>		
Food is stored in appropriate plastic containers and not left out to attract rodents	Y <input type="checkbox"/> N <input type="checkbox"/>		
Dishes are cleaned regularly	Y <input type="checkbox"/> N <input type="checkbox"/>		
Garbage is removed daily	Y <input type="checkbox"/> N <input type="checkbox"/>		
Juice/Cans are properly rinsed out for recycling	Y <input type="checkbox"/> N <input type="checkbox"/>		
Knives stored safely in racks or knife blocks	Y <input type="checkbox"/> N <input type="checkbox"/>		
Food preparation and cutting surfaces maintained to prevent contamination	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fridges clean (no old food)	Y <input type="checkbox"/> N <input type="checkbox"/>		
Washer/Dryer well maintained	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>GYMNASIUM</b>			
Storage areas where volleyball net posts, handball nets etc. are stored have suitable restraints to prevent tipping and falling	Y <input type="checkbox"/> N <input type="checkbox"/>		

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Gyms have secure guards over any lighting to ensure they cannot be damaged by normal gym activities	Y <input type="checkbox"/> N <input type="checkbox"/>		
Fixtures such as bleachers and basketball backstops securely fastened to the wall	Y <input type="checkbox"/> N <input type="checkbox"/>		
Retractable basketball backstops raised and lowered manually, unless equipped with an electrical system	Y <input type="checkbox"/> N <input type="checkbox"/>		
Floor sockets for game standards flush with the floor	Y <input type="checkbox"/> N <input type="checkbox"/>		
All fixed equipment, (e.g. ropes, climbing racks and basketball backstops) inspected regularly	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>LIBRAIRIES / COMPUTER LABS/OFFICE AREA</b>			
Bookshelves situated with clear paths for exit in case of fire	Y <input type="checkbox"/> N <input type="checkbox"/>		
All wall-mounted shelves securely fastened to the wall	Y <input type="checkbox"/> N <input type="checkbox"/>		
Computer cabling and power bars secured to prevent a tripping hazard	Y <input type="checkbox"/> N <input type="checkbox"/>		
Workstations, chairs and tables are in good condition and are organized in a safe fashion	Y <input type="checkbox"/> N <input type="checkbox"/>		
Computer, video or audio workstations utilize but do not piggyback power bars	Y <input type="checkbox"/> N <input type="checkbox"/>		
Network cabling devices are arranged to prevent a tripping hazard	Y <input type="checkbox"/> N <input type="checkbox"/>		

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<b>CUSTODIAL WORK AREAS</b>			
Heavier weighted items are stored below shoulder height; chemicals are stored below eye level	Y <input type="checkbox"/> N <input type="checkbox"/>		
Flammable safety cans are stored in the loading area or outside storage areas	Y <input type="checkbox"/> N <input type="checkbox"/>		
Floors are clear of tripping or electrical hazards and exits are not blocked	Y <input type="checkbox"/> N <input type="checkbox"/>		
A ladder or stepping stool is available and in good working condition	Y <input type="checkbox"/> N <input type="checkbox"/>		
Custodial room is not made available to students/public	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>PORTABLES</b>			
The area around and under the portable is well drained with no standing water	Y <input type="checkbox"/> N <input type="checkbox"/>		
The steps, porch and hand rails are in good repair with suitable anti-slip materials on the surfaces if needed	Y <input type="checkbox"/> N <input type="checkbox"/>		
Snow and ice is removed at both doorways and approaches to the doorways	Y <input type="checkbox"/> N <input type="checkbox"/>		
There is adequate interior and exterior lighting	Y <input type="checkbox"/> N <input type="checkbox"/>		
Heating and ventilation units are functioning and grills are clean and clear of books, paper etc.	Y <input type="checkbox"/> N <input type="checkbox"/>		
There is a communication system that links the portable to the main building	Y <input type="checkbox"/> N <input type="checkbox"/>		
Interior in good condition and free from water leaks	Y <input type="checkbox"/> N <input type="checkbox"/>		

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<b>GROUNDSPUBLIC AREAS</b>			
Outside stair and sidewalks are in good condition and free of tripping hazards (including snow)	Y <input type="checkbox"/> N <input type="checkbox"/>		
Potholes are filled on grounds	Y <input type="checkbox"/> N <input type="checkbox"/>		
External lighting is adequate	Y <input type="checkbox"/> N <input type="checkbox"/>		
Playground and/or playing fields are regularly inspected and maintained	Y <input type="checkbox"/> N <input type="checkbox"/>		
Areas of concealment by shrubs and trees are removed	Y <input type="checkbox"/> N <input type="checkbox"/>		
Parking spots are well marked and walkways are adequately lighted	Y <input type="checkbox"/> N <input type="checkbox"/>		
Speed limit signs are posted and traffic flow is controlled and monitored	Y <input type="checkbox"/> N <input type="checkbox"/>		
Shrubs are cut back away from entrances to minimize attracting rodents	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>SHOPS – METAL/WOOD/AUTO</b>			
Shop manuals available	Y <input type="checkbox"/> N <input type="checkbox"/>		
Appropriate machine guards in place	Y <input type="checkbox"/> N <input type="checkbox"/>		
Ventilation/Exhaust systems operable	Y <input type="checkbox"/> N <input type="checkbox"/>		
Monthly hoist checklist completed	Y <input type="checkbox"/> N <input type="checkbox"/>		
Flammable materials stored according to WHMIS Regs	Y <input type="checkbox"/> N <input type="checkbox"/>		
Compressed gases are stored	Y <input type="checkbox"/> N <input type="checkbox"/>		

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securely	N <input type="checkbox"/>		
Material Safety Data Sheets available	Y <input type="checkbox"/> N <input type="checkbox"/>		
Area is orderly	Y <input type="checkbox"/> N <input type="checkbox"/>		
MSDS sheets available	Y <input type="checkbox"/> N <input type="checkbox"/>		
Eye wash stations/ bottles well maintained	Y <input type="checkbox"/> N <input type="checkbox"/>		
Safety glasses, ear plugs and other PPE available	Y <input type="checkbox"/> N <input type="checkbox"/>		
Hearing protection signs posted	Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>OTHER ITEMS</b>			

- ☐ Upon completion of this form, notify the “responsible party” of the corrective actions required.
- ☐ Conduct a follow up inspection to verify the item has been corrected.
- ☐ Report the status to the JHSC and document for record keeping.
- ☐ Send a copy of this form the District Occupational Safety Manager (Keith\_MacDonald@sd34.bc.ca)