Departmental inspection form – Housing

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| Date: | Department: | Building & Room: |
| Contact Person/Supervisor:  | Ext: |
| Inspected By:  | Ext: |

**Record findings as: (√ ) Meets Requirements (X) Action Required (N/A) Not Applicable**

**Use item numbers to comment on reverse side of form for unsatisfactory items, document corrective actions.**

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| Signs & Labels |  |
| 1. First Aid, Emergency Procedure
 |  |
| 1. Fire Poster
 |  |
| 1. Spills Poster
 |  |
| 1. Phone 911 Label
 |  |
| 1. Hazard Warning Signs
 |  |
| First Aid Stations/Kits |  |
| 1. Stocked
 |  |
| 1. Accessible
 |  |
| 1. Regularly Inspected
 |  |
| 1. Names of First Aiders posted at stations
 |  |
| 1. AED inspected daily
 |  |
| Fire Extinguishers |  |
| 1. Seal Unbroken
 |  |
| 1. Accessible
 |  |
| 1. Proper Type
 |  |
| 1. Regularly Inspected
 |  |
| General |  |
| 1. Phone Access
 |  |
| Floors and Aisles |  |
| 1. Clean
 |  |
| 1. Aisles Clear
 |  |
| 1. Good Condition
 |  |
| Doors and Exits |  |
| 1. Accessible
 |  |
| 1. Identified
 |  |
| Lighting |  |
| 1. Adequate
 |  |
| 1. Operating Properly
 |  |
| Emergency Shower/Eye Wash |  |
| 1. Accessible
 |  |
| 1. Within 10 sec travel time
 |  |
| 1. Clearly Identified
 |  |
| 1. Good Condition
 |  |

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| Personal Protection |  |
| 1. Footwear
 |  |
| 1. Eye Protection
 |  |
| 1. Gloves
 |  |
| 1. Hearing Protection
 |  |
| 1. Fall protection
 |  |
| Electrical |  |
| 1. Panels Accessible
 |  |
| 1. Wire Condition
 |  |
| 1. Proper Grounding
 |  |
| 1. Adequate Outlets
 |  |
| 1. Extension Cords - temporary use only
 |  |
| 1. C.S.A. or equivalent certification
 |  |
| 1. Electrical panels are covered
 |  |
| 1. GFI’s used in wet areas
 |  |
| 1. Cords anchored/covered
 |  |
| Equipment & Furniture |  |
| 1. Pre-use Inspection records
 |  |
| 1. Clean
 |  |
| 1. Properly Guarded
 |  |
| 1. Good Condition
 |  |
| 1. Secured
 |  |
| 1. Handles replaced if damaged
 |  |
| 1. Ladders in Good Condition and meet CSA standards
 |  |
| 1. Other equipment
 |  |
| Chemical Storage |  |
| 1. Identification
 |  |
| 1. Segregated by Type
 |  |
| 1. Flammable Liquids Stored properly
 |  |
| 1. SDS Available (current)
 |  |
| 1. WHMIS Labels
 |  |

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| Chemical Waste |  |
| 1. Proper Segregation
 |  |
| 1. Regular Disposal
 |  |
| 1. Proper Storage
 |  |
| Storage |  |
| 1. Materials safely stored
 |  |
| 1. Heavier/common items between knuckle and shoulder height
 |  |
| 1. No overloading of shelves
 |  |
| 1. Step stools/ladders available and in good condition
 |  |
| Custodial Room |  |
| 1. Proper shelving
 |  |
| 1. Condition of equipment
 |  |
| 1. Housekeeping/cleanliness
 |  |
| Grounds |  |
| 1. Steps and handrails in good condition
 |  |
| 1. Walking surfaces free of slip or trip hazards
 |  |
| 1. Adequate lighting
 |  |
| 1. Parking lots – paint, pavement and signage intact
 |  |
| 1. All areas free of debris and obstructions
 |  |
| Training |  |
| 1. WHMIS Training (valid for 5 years)
 |  |
| 1. Respirator Training
 |  |
| 1. Equipment, Ladder
 |  |
| 1. Emergency Procedures
 |  |
| 1. Other training (specify)
 |  |
| Other Items |  |
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| Date: | Department: | Building & Room: |
| Contact Person/Supervisor:  | Ext: |
| Inspected By:  | Ext: |

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| --- | --- | --- | --- | --- |
| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
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 **\*High** – Response required within 24 hours - Immediately dangerous to life and health

 **Medium** – Response required within 14 days - Potential to cause injury but not immediately dangerous

 **Low** – Response required within 14 days – May result in minor or no injury, but should be corrected

 **Monitor –** Revisit within 90 days – Compliant, but circumstances may change or deteriorate