**Building: Date:**

**Names of Inspectors:**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |

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|  | **Emergency and Hazard Information** | | | |
| A.1 | Emergency phone numbers posted? Are phones available? |  |  |  |
| A.2 | Are exits clearly marked and accessible? |  |  |  |
| A.3 | Are evacuation maps posted? |  |  |  |
| A.4 | Are emergency evacuation drills conducted at least annually? |  |  |  |
| A.5 | Are first aid attendants available with kits fully stocked and inspected? |  |  |  |
| A.6 | Are Level 1 Attendant’s qualifications current? |  |  |  |
| A.7 | Do students know where and how to receive care for an injury |  |  |  |
| A.8 | Are signs present for emergency safety equipment (eyewash, exits etc.)? |  |  |  |
| A.9 | Are appropriate fire extinguishers available and inspected regularly? |  |  |  |
| A.10 | Are flammable materials stored in a flammable storage cabinet? |  |  |  |
| A.11 | Chemical inventories up to date |  |  |  |
| A.12 | MSDS sheets available and current |  |  |  |
|  | **Floors** | | | |
| B.1 | Is there loose material, debris, worn carpeting? |  |  |  |
| B.2 | Are the floors slippery, oily or wet? |  |  |  |
|  | **Stairways and Aisles** | | | |
| C.1 | Are they clear and unblocked? |  |  |  |
| C.2 | Are stairways well lighted? |  |  |  |
| C.3 | Are handrails, handholds in place? |  |  |  |
| C.4 | Are the aisles marked and visible? |  |  |  |
|  | **Safety Administration** | | | |
| D.1 | Have all students received general orientation and safety training e.g. MSDS, PPE, evacuations, etc.? |  |  |  |
| D.2 | Have all students been trained on the equipment that they operate? |  |  |  |
| D.3 | Have students received other specialized training: Lockout/Tagout, Respirators, Tools (hand/power), PPE, ect |  |  |  |
| D.4 | Is orientation/safety training documented? |  |  |  |
| D.5 | Do students have access to the orientation information? |  |  |  |
| D.6 | Are regularly scheduled safety meetings conducted in the shop? |  |  |  |
| D.7 | Has a hazard assessment been done in order to select appropriate PPE? |  |  |  |
| D.8 | Is PPE provided and used whenever necessary? |  |  |  |
| D.9 | Are there chemicals or controlled substances in the shop? Is WHMIS training provided? Are SDS’s available? |  |  |  |
|  | **Housekeeping, Ventilation, Illumination** | | | |
| E.1 | Are all work areas clean and orderly? |  |  |  |
| E.2 | Are waste containers kept clean and emptied daily? |  |  |  |
| E.3 | Is food kept in the designated area at all times? |  |  |  |
| E.4 | Are all cabinets and shelves secured or anchored? |  |  |  |
| E.5 | Are all machines/equipment secured or anchored? |  |  |  |
| E.6 | Are floors in good condition and kept dry? |  |  |  |
| E.7 | Are all light fixtures adequate and functioning properly? |  |  |  |
| E.8 | Dust extractors in good working order |  |  |  |
| E.9 | Exhaust fans functioning |  |  |  |
| E.10 | “No Eating/Drinking/Smoking” signs posted |  |  |  |
|  | **Electrical Safety/Portable Tools** | | | |
| F.1 | Are all plugs, cords, and panels enclosed, and in good condition? |  |  |  |
| F.2 | Do all extension cords have grounding? |  |  |  |
| F.3 | Are extension cords used only temporarily? |  |  |  |
| F.4 | Are cords secured so they do not run across pathways, under doors or the walls? |  |  |  |
| F.5 | Is the breaker panel locked? |  |  |  |
| F.6 | Are ground fault circuit interrupters available for use in wet areas? |  |  |  |
| F.7 | Are hand-tools effectively grounded or Double insulated? |  |  |  |
| F.8 | Are hand/power tools inspected regularly? |  |  |  |
|  | **Mechanical Safety** |  |  |  |
| G.1 | Is defective equipment promptly reported, labeled, and replaced? |  |  |  |
| G.2 | Can equipment be locked out? |  |  |  |
| G.3 | Safeguards prevent workers’ hands, arms and other body parts from making contact with dangerous moving parts |  |  |  |
| G.4 | Safeguards have not been tampered with, altered or removed |  |  |  |
| G.5 | Powered machinery/equipment has start and stop controls located within easy reach of the operator has controls and switches whose functions are clearly identified |  |  |  |
| G.6 | Are machines regularly cleaned and maintained? |  |  |  |
| G.7 | Are maintenance records, calibrations, certifications of each machine kept on file? |  |  |  |
| G.8 | Do authorized people perform the repairs? |  |  |  |
| G.9 | Physical hazards are marked in a manner that clearly identifies the hazard |  |  |  |
|  | **Spill Response** | | | |
| H.1 | Do personnel know the location of the closest First Aid Kit? |  |  |  |
| H.2 | Do personnel know the location of the closet Spill Kit? |  |  |  |
| H.3 | Are personnel familiar with Vancouver Island Universities Spill Procedures? |  |  |  |
|  | **WHMIS** | | | |
| I.1 | Have all personnel received WHMIS training? |  |  |  |
| I.2 | Are all hazardous materials labeled according to the WHMIS Regulations? |  |  |  |
| I.3 | Is there a current inventory of all hazardous substances in the area? |  |  |  |
| I.4 | Do personnel know where to find current (<3 years) SDS for the materials being used? |  |  |  |
|  | **Emergency Eyewash/Showers** | | | |
| J.1 | Are personnel familiar with the location of the nearest eyewash / shower? |  |  |  |
| J.2 | Is the eyewash station / shower clean and clear of debris? |  |  |  |
| J.3 | Have emergency shower(s) been tested in the last 12 months and have a tag indicating testing date? |  |  |  |
|  | **Lighting** | | | |
| K.1 | Are lamp reflectors clean? |  |  |  |
| K.2 | Are bulbs missing? |  |  |  |
| K.3 | Are any areas dark? |  |  |  |
|  | **Material Storage** | | | |
| L.1 | Are materials neatly and safely piled? |  |  |  |
| L.2 | Are there stepladders or stools to get to materials on higher shelves? |  |  |  |
| L.3 | Are storage shelves overloaded or beyond their rated capacity? |  |  |  |
| L.4 | Are large and heavy objects stored on lower shelves? |  |  |  |
| L.5 | Are passageways and work areas clear of obstructions? |  |  |  |
|  | **General** | | | |
| M.1 | Is electrical wiring properly installed? |  |  |  |
| M.2 | Does any equipment have sharp metal projections? |  |  |  |
| M.3 | Are wall and ceiling fixtures fastened securely? |  |  |  |
| M.4 | Are paper and waste properly disposed of? |  |  |  |
| M.5 | Are desk and file drawers kept closed when not in use? |  |  |  |
| M.6 | Are office accessories stored appropriately? |  |  |  |
| M.7 | Are materials stacked on desks or cabinets? |  |  |  |
| M.8 | Are file cabinet drawers overloaded? |  |  |  |
| M.9 | Are file cabinets loaded with the heaviest items in the bottom drawers? |  |  |  |
| M.10 | Are shelves securely fastened to the wall when necessary? |  |  |  |

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| **Corrective Action** | **Assigned To** | **Date to be completed by** |
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| **Notes on deficiencies / other comments** | | |
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