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 |  | | |  |  | | --- | --- | | 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 |  | | |  |  | | --- | --- | | 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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| 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