Departmental inspection form – Plant Operations

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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 |  | | 1. Fire/Evacuation |  | | 1. Emergency Procedure |  | | 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 |  | | 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/Protective Clothing |  | | 1. Hearing Protection |  | | 1. Fall protection |  | | |  |  |  | | --- | --- | --- | | Natural Gas Shut Off Valves | |  | | 1. Accessible | |  | | 1. Identified | |  | | Electrical | |  | | 1. Panels Accessible/Identified | |  | | 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. Lockout/Tagout procedures | |  | | Equipment | |  | | 1. Pre-use Inspection record | |  | | 1. Clean | |  | | 1. Properly Guarded | |  | | 1. Good Condition | |  | | 1. Lockout /Tagout procedures | |  | | 1. Anchored | |  | | 1. Handles replaced if damaged | |  | | 1. Ladders in good condition and meet CSA standards | |  | | 1. Other equipment | |  | | Lifting Devices |  | | | | 1. Lifting Devices Inspected annually |  | | | | 1. Slings and ropes inspected prior to use |  | | | | Ventilation |  | | | | 1. Temperature |  | | | | |  |  | | --- | --- | | 1. Dust Control |  | | 1. Fume Control |  | | 1. Equipment maintained |  | | 1. Guarding adequate |  | | Chemical Storage |  | | 1. Identification |  | | 1. Segregated by hazard class |  | | 1. Flammable Liquids Stored properly |  | | 1. SDS Available (current) |  | | 1. WHMIS Labels |  | | Hazardous Waste |  | | 1. Proper Segregation |  | | 1. Regular Disposal |  | | 1. Proper Storage |  | | Spill Kits |  | | 1. Appropriate |  | | 1. Stocked |  | | Training |  | | 1. WHMIS (valid for 5 years) |  | | 1. Respirator Training |  | | 1. Compressed Gas |  | | 1. Equipment Specific |  | | 1. Ladders, Lifting devices |  | | 1. Asbestos Program & Inventory |  | | 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