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
 |  |

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

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| 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