

Residences– Workplace Inspection Checklist

Date:		Inspected By:	
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JHSC Inspection

Management Inspection

RESIDENCE SERVICES SAFETY CHECKLIST		YES	NO	N/A
1.	Are floor surfaces clean, dry and free from debris?			
2.	Are carpets well secured and free from worn or frayed spots?			
3.	If floor mats are used, are they causing a trip hazard?			
4.	Are aisles and doorways free of objects to permit unobstructed visibility and/or exit?			
5.	Are stairways clear and unblocked?			
6.	Are emergency exits marked and free from obstructions?			
7.	Is there a Fire Safety Plan posted?			
8.	Are all lighting fixtures in good working condition?			
9.	Is the lighting adequate?			
10.	Are company vehicles parked on-site after hours?			
11.	If yes, is there a secured parking lot for company vehicles after hours?			
12.	Have vehicles been stolen from the parking lot?			
13.	Have vehicles been broken into?			
14.	Do violent, criminal, drunk or drugged persons ever come into your building?			
15.	Is the building entrance well lit?			
16.	Are garbage areas, external buildings, or equipment that employees use in a well ventilated area without corners or hiding areas?			
17.	Are building exits easily visible?			
18.	Are fire extinguishers inspected each month?			
19.	Are emergency alarm and phone systems well lit and easily accessible?			
20.	Is there a functional system testing to see if the lights and emergency phones work?			
21.	Are workers aware of what to do in the case of harassment?			
22.	Are washrooms acceptable or clean?			
23.	Is the defibrillator in MAH flashing a green light indicating the battery unit is charged?			
24.	First aid kit in MAH must have the following item posted: <ul style="list-style-type: none"> • First Aid Certified Employee Lists 			
25.	Does the Safety Board in MAH have the following minimum items posted? <ul style="list-style-type: none"> • Occupational Health and Safety Act including the Industrial Regulations • Health and Safety Policy • Violence and Harassment Policy • JHSC minutes and monthly inspections • JHSC member names • Health and Safety at work "Prevention Starts Here" • Form 82 – In case of injury poster – POSTED ON BULLETIN BOARD • First aid Regulation (1101) – POSTED ON BULLETIN BOARD 			

Please provide a description below for any items where "No" has been indicated.

Item Number	Risk Level (H)igh (M)edium(L)ow	Repeat Item Yes, No	Identified Hazard & Recommended Action	Assigned Individual	Action Taken	Completion Date

Item Number	Risk Level (H)igh (M)edium(L)ow	Repeat Item Yes, No	Identified Hazard & Recommended Action	Assigned Individual	Action Taken	Completion Date

Supervisor: _____

Date: _____

Inspector: _____

Date: _____