

**Worksite Safety Inspection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** |  | **Date:** |  | **Time:** |  | 🞏 AM 🞏 PM |
| **Inspection Conducted by:***(Supervisor, worker(s) & OHC should be involved)* |  | **Area(s) Inspected:** |  |
|  |  |
|  | **Site Address:** |  |

|  |
| --- |
| **Deficiencies and Corrective Actions** |
| **Priority Index****Severity 1.** Imminent Danger **2.** Serious **3.** Minor **4.** Negligible/Ok **5.** Not Applicable**Probability A** – Probable **B** – Reasonably probable **C** – Remote **D** – Extremely Remote |
| **Deficiency Identified** | **Priority Ranking** | **Corrective Actions Required**  | **Action Assigned to** | **Completion** |
| **Date** | **Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Supervisor Review:**(Print & Sign) |  | **Date:** |  |
| **Management Review:**(Print & Sign) |  | **Date:** |  |
| **Comments:** |

\*Inspections are typically conducted while work is being performed. When completing inspections include: verifying compliance within your company’s safety program, identifying unsafe acts or conditions, and adherence to applicable Legislation.

**For more information on your legal obligations regarding worksite safety please contact us.**

**Contact us by email at:** **SCSAINFO@SCSAONLINE.CA** **or Toll Free at 1.800.817.2079**