

**Worksite Safety Inspection**

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

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| **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** |
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| **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**](mailto:SCSAINFO@SCSAONLINE.CA) **or Toll Free at 1.800.817.2079**