

**Worksite Safety Inspection**

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

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| **Items Inspected** | | **Meets Requirements** | | | | | **Items Inspected** | | | | | **Meets Requirements** | | | |
| **Yes** | | **No** | | **N/A** | **Yes** | **No** | | **N/ A** |
| Hazard Assessment Completed | |  | |  | |  | Fall Protection Plan Available | | | | |  |  | |  |
| Health and Safety Manual Readily Available | |  | |  | |  | Proper Fall Protection Controls | | | | |  |  | |  |
| Emergency Response Plan Posted | |  | |  | |  | Safe use of PME | | | | |  |  | |  |
| First Aid Risk Assessment Completed | |  | |  | |  | **Others:** | | | | | | | | |
| Current OHS Legislation Readily Available | |  | |  | |  |  | | | | |  |  | |  |
| First Aid Kits Available | |  | |  | |  |  | | | | |  |  | |  |
| Fire Extinguisher(s) Available | |  | |  | |  |  | | | | |  |  | |  |
| Adequate lighting | |  | |  | |  |  | | | | |  |  | |  |
| Access and egress route clear | |  | |  | |  |  | | | | |  |  | |  |
| Site tidiness, housekeeping, etc. | |  | |  | |  |  | | | | |  |  | |  |
| Workers performing tasks safely | |  | |  | |  |  | | | | |  |  | |  |
| Proper PPE being used | |  | |  | |  |  | | | | |  |  | |  |
|  | | | | | | | | | | | | | | | |
| **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 Action Required** | | | | **Person Responsible** | | **Completed** | | | | |
| **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**