

SECOR

Health and Safety Management System Templates

ELEMENT 3: Inspections

- 3.1 Formal Inspections Directive
Formal Inspections Policy
- 3.2 Workplace Inspection Checklist
- 3.3 Safety Meeting Record

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MUNICIPALITY: _____

Element 3.1
Formal Inspections Directive

PURPOSE

This policy is intended to reduce and ultimately prevent injury, illness, and damage to equipment by identifying and correcting unsafe acts and conditions.

POLICY

The municipality will maintain a comprehensive program of safety inspections at all facilities and job sites.

RESPONSIBILITIES

The manager is responsible for the overall operation of the program.

Supervisors are responsible for conducting ongoing informal inspections of areas where their crews are working.

Workers are responsible for participating in and contributing to the inspection program.

CEO / CAO: _____

Signature: _____

Date: _____

MUNICIPALITY: _____

Element 3.1 Formal Inspections Policy

- It is the policy of this municipality that formal inspections are carried out regularly in all areas of operation.
- Formal inspections are conducted to:
 - ensure that methods used to protect staff from health and safety hazards are effective, and
 - any other hazards are identified and controlled.
- Formal inspections are to be conducted by the supervisor of each area, with assistance from a member of his or her staff (this is a rotating position).
- Managers are to participate in at least one formal inspection in each area they are responsible for every six months.
- The municipal manager will participate in at least one formal inspection in each department every year.
- Formal inspections are to be conducted, at a minimum, as follows:
 - public works shops and grounds (monthly)
 - short-term projects (start of project, weekly or more often if needed)
 - pool, arena, recreation centre (monthly)
 - parks and recreation projects (start of project, weekly as needed)
 - administrative buildings (quarterly)
- Operations should also be informally inspected on an ongoing basis to ensure no uncontrolled hazards are evident.
- All supervisors, managers and Joint Health and Safety Committee (JHSC) members must have training in formal inspections.



MUNICIPALITY: _____

Element 3.2
Workplace Inspection Checklist

Area: _____ Date: _____

Inspection Team:

Reviewed by: _____

S=satisfactory U=unsatisfactory; provide details for all U items N/A=not applicable

1. Work Environment	S	U	N/A	Comments
floors/aisles/stairs free of tripping hazards				
handrails/guardrails in place				
floor/ground in good repair (no heaving, cracks, uneven surfaces)				
adequate lighting in place				
floor openings/trenches barricaded				
floors free of slipping hazards				
underground utilities located				
room to work around power lines				
gases/vapours/fumes controlled				
noise levels acceptable				
heat/cold extremes controlled				
aisles/halls free of clutter; exits not blocked				
exits clearly marked				
materials/equipment stored appropriately				
shelves are secure and solid				
garbage disposed properly; garbage not overflowing				
facility protects staff from violent clients				

MUNICIPALITY: _____

2. Task	S	U	N/A	Comments
where heavy lifting is required, assists are available				
jobs have been analyzed to reduce need for manual lifting, awkward postures and repetitive movements				
written procedures are in place for critical tasks (e.g. CSE, lock-outs, etc.)				
staff have appropriate training and experience for the work they are doing				
workers are following appropriate procedures				
no unsafe actions were noted				

3. Hazardous Materials	S	U	N/A	Comments
containers are properly labeled; labels are legible				
containers are in good condition				
appropriate safety containers are used (e.g. for flammables)				
incompatible materials are stored separately				
hazardous materials are stored below eye level				
compressed gas cylinders are restrained and capped				
MSDS are available and current				

MUNICIPALITY: _____

4. Equipment	S	U	N/A	Comments
correct equipment and tools available for tasks				
equipment maintained as per maintenance program				
equipment guards in place				
defective/damaged hand tools not in use				
power tools maintained properly; damaged tools not used				
equipment / tools stored appropriately (not blocking exits, access to other materials or equipment)				
ladders/scaffolds/step stools available to access heights				
equipment blocked or secured against unplanned energy release				
personal protective equipment available, appropriate, and maintained				
maintenance person available to service/repair tools and equipment				
maintenance program followed				

5. Emergency Response	S	U	N/A	Comments
Emergency Response Plan in place and appropriate to work site				
workers know what to do in emergency				
emergency lighting in place				
emergency shower/eyewash available and working				
first aid supplies stocked; staff have first aid training				
adequate number of fire extinguishers in place; inspected monthly				
other specialized plans in place and tested (e.g. confined space rescue)				

MUNICIPALITY: _____

Areas Inspected: _____ Date: _____

Inspection Team:

Approved by: _____

What's Working Well

Provide information about conditions, activities, etc. that are working well:

Corrective Actions Required

Action Item Number: _____

Description of Hazard: _____

Location: _____

Priority: _____

Existing Controls: _____

Are controls working as planned? _____

Recommended Actions: _____

Employee Responsible: _____ Date Required: _____

Date Completed: _____ Initialed: _____

MUNICIPALITY: _____

Action Item Number: _____
Description of Hazard: _____
Location: _____
Priority: _____
Existing Controls: _____ _____
Are controls working as planned? _____ _____
Recommended Actions: _____ _____ _____
Employee Responsible: _____ Date Required: _____
Date Completed: _____ Initialed: _____

Action Item Number: _____
Description of Hazard: _____
Location: _____
Priority: _____
Existing Controls: _____ _____
Are controls working as planned? _____ _____
Recommended Actions: _____ _____ _____
Employee Responsible: _____ Date Required: _____
Date Completed: _____ Initialed: _____

MUNICIPALITY: _____

**Element 3.3 / 1.5
Safety Meeting Record**

Time: _____

Date: _____

Location: _____

Attendance (Employees must print and sign their names):

Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Topic:

Employee Comments:

Action(s) Required:

Next Meeting **Time:** _____ **Date:** _____

Supervisor's Signature: _____ **Reviewed by:** _____