# **General Inspection Checklist and Report Template**

This template is based on WorkSafeBC (WSBC) regulatory requirements and outlines the most common areas of focus for workplace safety inspections**.** The following template was designed to assist UBC Local Safety Teams and Joint Occupational Health and Safety Committees through the process of conducting a regular workplace health and safety inspection.

These general safety inspections do not replace the regular pre-use and scheduled maintenance inspections required for certain types of tools and equipment.

***Note:*** *Proper PPE must be worn during the inspection when entering any areas in which it is required. Proper training in WHMIS and/or UBC Chemical Safety is required when inspecting laboratories, shops or other areas where chemicals are used or stored.*

**How to Create a Building or Area-Specific Inspection Process and Schedule:**

Prior to using this template to conduct safety inspections of UBC facilities, buildings or areas, the responsible Local Safety Team (LST) or Joint Occupational Health and Safety Committee (JOHSC) must:

1. **Review all of the sections of General Inspection Checklist and determine which sections apply to the specific building or location(s) to be inspected.**
2. **Determine an Inspection Process and Schedule**

In order to create a facility, building or area-specific inspection process and schedule, the responsible LST or JOHSC must:

1. Walkthrough all areas in question to determine the precise areas to be inspected
2. Break down the total inspection area into manageable portions (for the inspectors) based on estimated inspection completion times.
3. Assign trained inspection teams to inspect each section at least once per year. The LSTs and JOHSC and may determine that some higher risk areas may require inspections that are more frequent.
4. **Document the information gathered on the Inspection Schedule Summary Table for the building/facility or area(s) in question.**
5. **The building/area’s completed Inspection Schedule Summary Table is to be submitted to the responsible JOHSC for review.**

**How to Use the General Inspection Checklist Sections:**

The General Inspection Checklist is designed to be a simple and easy-to-use inspection tool.   
Common work areas at UBC were identified and a simple checklist section was developed to inspect each type of area. As a result, for example, if an inspector is responsible for inspecting one (or more) labs, they only need to use one checklist: Section M - Laboratories. If an inspector is responsible for inspecting some offices and some common spaces, they only need to use two checklists: Section D - Offices and Open Workstations, and Section B - Interior: Common Areas, Hallways and Stairs.

**Note**: *Inspectors* ***are not required*** *to fill out a checklist for each individual area they inspect. For example, the inspection results for several offices (or classrooms) can be recorded on one Office (or Classroom) section checklist. Ensure the location of all inspected areas are documented and deficiencies are written clearly.*

**Before an Inspection:**

1. The LST/JOHSC provides the inspectors with the checklist section(s) that apply to the specific types of areas they will be inspecting. Depending on local circumstances, checklist section(s) may be distributed electronically or as a hard copy.
2. Inspectors fill in the required information at the top of their inspection section sheet(s)
3. The LST/JOHSC reminds the inspectors as to when their inspections are due (refer to Inspection Schedule Summary Table).

**During an Inspection:**

1. Inspectors use the checklist section to guide them through the inspection.
2. Issues/findings are noted in the spaces provided at the end of each section checklist.
3. Inspectors may take immediate corrective action, make corrective recommendations or wait until the next LST/JOHSC meeting so the members can determine the required corrective action, depending on the issue and local circumstances.
4. Inspectors engage in conversation with the occupants of the area and ask them if they have any safety concerns and document the concerns in the spaces provided at the end of each section checklist

**After an Inspection:**

1. Inspectors submit their completed inspection checklists (in time for the next LST/JOHSC meeting). Depending on local circumstances, inspectors may submit their completed inspection sheets electronically or as a hard copy. Note: hard copies will subsequently need to be scanned/digitized for submission to the JOHSC.
2. The LST/JOHSC reviews all of the completed inspection reports, as part of the meeting agenda.
3. The LST/JOHSC fills in any outstanding sections of the General Inspection Summary Report (ie, description of hazard, recommended actions, etc.) The template for the General Inspection Summary Report is provided below on page 5.
4. The LST submits the completed General Inspection Summary Report - and the completed section checklist(s) - to the relevant JOHSC.Depending on local circumstances, this may be done via theJOHSC/LST SharePointsite or by some other local means.Consult RMS for additional details or information on how to do this.

**Note**: *Ensure items in the Summary Report that require the review and support from the applicable JOHSC are highlighted.*

**Inspection Schedule Summary Table**

*Note: Sections A, B and C are mandatory and must be completed for all buildings at least once per year.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility / Area Name: Insert Name Here** | | | | |
| **Inspection Checklist**  **Sections1** | **Applicable**  **/ required?** | **Inspection Frequency2** | **Date to be completed3** | **Inspector Name(s)**: |
| 1. **Facility / Area Emergency Equipment and Procedures** | **YES** |  |  |  |
| 1. **Interior: Common Areas, Hallways and Stairs** | **YES** |  |  |  |
| 1. **Bi-Annual General Building - Exterior** | **YES** |  |  |  |
| 1. **Offices and Open Workstations** |  |  |  |  |
| 1. **Classrooms and Lecture Halls** |  |  |  |  |
| 1. **Shops / Workshops** including shop tools and equipment |  |  |  |  |
| 1. **Tools and Equipment –** for areas other than shops /workshops |  |  |  |  |
| 1. **Storage / Shipping & Receiving areas** |  |  |  |  |
| 1. **Ladders** |  |  |  |  |
| 1. **Mobile Equipment** |  |  |  |  |
| 1. **Motorized Vehicles** |  |  |  |  |
| 1. **Safe Work Procedures for High Risk Work *–*** as required by Regulation |  |  |  |  |
| 1. **Laboratories** |  |  |  |  |
| 1. **Clinics** |  |  |  |  |
| 1. Refer to each Checklist Section for inspection item details. For the sections that apply to the facility or area being inspected, insert “Yes” under “Applicable / Required?” For Checklist sections that do not currently apply to the area / facility being inspected, insert “No” under “Applicable / Required?”  **Do not remove sections or change the section letter designations.**  **Additional, customized checklist sections for specialized workplaces *(i.e. recreational, day care, food service, etc.)* may be added at the bottom of this section list and at the end of the checklist (*ie. After Section N).***  **2**. Inspection frequency should be risk-based; this can be monthly, bi-monthly, quarterly, semi-annually, etc. The minimum requirement is annually.  **3.** For example: the last workday of the month, or one week prior to April LST meeting, etc. | | | | |

# **General Inspection Summary Report**

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| --- | --- |
| **Building name and area(s) inspected:** |  |
| **Inspection completed by:** |  |
| **Date and time:** |  |
| **Inspection #:** (GI- building name- yy/mm/dd) |  |

*Inspection # must be included as these will be referred to in the JOHSC meeting minutes for any actionable items. These numbers help provide a quick reference to date and building.*

## The below General Inspection Report summarizes deficient items found during the General Inspection. This Inspection Report is to be completed during or following the General Inspection (based on individual Section Notes).

**Proceed to General Inspection Checklist for further details regarding item numbers.**

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| --- | --- | --- | --- |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |
| Item # | Description of Hazard: *(specific location and/or equipment, nature of hazard - \*see below)* | | |
| Recommended Action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | | |
| Person Responsible: | | Priority Level: | Target Date: |

**Send a copy of this report and checklist to the appropriate JOHSCs. Highlight important items that must be reviewed/discussed at next JOHSC meeting. Actionable items listed in the Inspection Report should be divided and sent only to each of the persons responsible.**

**Hazard Rating Descriptions/ Priority Table:**

|  |  |  |
| --- | --- | --- |
| **Priority Level** | **Timeline for Completion of Corrective Action** | **Timeline for Follow Up Inspection** |
| **A (High Risk)** | **Immediately:** A moderate to highpotential for serious injury or loss of life and/or extensive property damage or loss (structure, equipment or material). | **Within 1-2 days** |
| **B (Moderate Risk)** | **As soon as possible:** A moderate to high potential risk of causing a minor injury, illness or property damage or loss. (structure, equipment or material) | **Within 1 week** |
| **C (Low Risk)** | **As soon as possible:** A potential exists for causing a non-disabling injury or non-disruptive property damage. | **Next regular inspection or further investigation required** |

**General Inspection Checklist**

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| --- | --- | --- | --- | --- | --- |
| **A. Facility / Area Emergency Equipment and Procedures** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s) name : | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| A-1 | Are facility fire extinguishers systematically inspected / certified on a yearly basis? | |  |  |  |
| A-2 | Are instructions for accessing First Aid conspicuously posted within the facility? | |  |  |  |
| A-3 | Are facility eyewash stations tested at least monthly? | |  |  |  |
| A-4 | Are facility safety showers tested at least annually by operations / facilities personnel? | |  |  |  |
| A-5 | Is functional emergency back-up lighting present along designated escape routes? | |  |  |  |
| A-6 | Is the location of the facility’s Predesignated Meeting Area posted throughout the facility? | |  |  |  |
| A-7 | Is the Building Emergency Response Plan up-to-date and readily available to workers? | |  |  |  |
| A-8 | Has a building emergency fire drill been performed in last 12 months? | |  |  |  |
| A-9 | Are building occupants aware of procedures and numbers to call in the event of an emergency, first aid or personal security issue?   * Emergency-Police, Fire, Ambulance, Hazardous Spill (911) * First Aid for Faculty, Staff and Student Workers (2-4444) * UBC Campus Security (2-2222)   Note: if these numbers are different in your area, please update accordingly. | |  |  |  |
| A-10 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? | |  |  |  |
| A-11 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | |  |  |  |
| A-12 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **B. Interior - Common Areas, Hallways and Stairs** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **General** | | **Y** | **N** | **N/A** |
| B-1 | Are general areas (stairs, hallways, common areas) well-lit (all lights are operational)? | |  |  |  |
| B-2 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| B-3 | Are fire-alarm pull-stations accessible and emergency exit doors unobstructed and functional? | |  |  |  |
| B-4 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| B-5 | Are hallway eye-wash stations and safety showers readily available, easily accessible (unobstructed) and regularly tested? | |  |  |  |
| B-6 | Are stairs, hallways and common areas free of tripping hazards (clutter, damaged mats, uneven flooring, and uncovered cables)? | |  |  |  |
| B-7 | Are floors and stairs dry, clean, and free of slipping hazards? | |  |  |  |
| B-8 | Have blind corners in high traffic areas been addressed? | |  |  |  |
| B-9 | Are railings & guardrails in place & secure (e.g. in stairways & open areas in upper levels)? | |  |  |  |
| B-10 | Are walls, ceiling tiles, floors etc., free of any visual signs of water staining or damage? | |  |  |  |
| B-11 | Are rooftop accesses, unoccupied rooms and crawl spaces locked? | |  |  |  |
| B-12 | Are washrooms clean and sanitary? | |  |  |  |
| B-13 | Is garbage/ waste removed regularly? | |  |  |  |
| B-14 | Are lunchrooms / breakrooms / kitchenettes clean and sanitary? | |  |  |  |
| B-15 | Are kitchen / food-related equipment clean, sanitary and in proper working order? | |  |  |  |
| B-16 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | | |
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| **C. Bi-Annual General Building - Exterior** | | | | |
| Building / area(s) inspected: | | | | |
| Inspector(s): | | | | |
| Is it January? Yes  No  Is it June? Yes  No | | | | |
| If answered yes to either of the above, complete this section. | | | | |
| **Item #** | **General** | **Y** | **N** | **N/A** |
| C-1 | Are all entrances and exits visible from a distance and well-lit (early morning/evening)? |  |  |  |
| C-2 | Are entrances and sidewalks clear of obstructions? |  |  |  |
| C-3 | Are access points and walkways free of potential hiding places? |  |  |  |
| C-4 | Are entrances secured during non-working hours (access system working, alarmed if applicable)? |  |  |  |
| C-5 | Is the area free of any loose non-decorative rocks, bricks or door wedges near exterior doors that could be used to prop doors open after hours? |  |  |  |
| C-6 | Are all doors and windows properly functioning – (both open and close if applicable)? |  |  |  |
| C-7 | Is there consistent lighting around the building? |  |  |  |
| C-8 | Are trees/vegetation kept trimmed to prevent interference with lighting and visibility? |  |  |  |
| C-9 | Are NO SMOKING signs posted and meet all requirements under UBC Policy #15 Smoking and Smoking Product Promotion on Campus? |  |  |  |
| C-10 | Is the address sign or street number visible from the street? |  |  |  |
| C-11 | Is the building perimeter free from overhanging hazards? |  |  |  |
| C-12 | Do any portions of the building appear to be damaged or in need of repair? |  |  |  |
| C-13 | Are fire department hose connectors and fire hydrants kept clear, accessible and have caps? |  |  |  |
| C-14 | During winter months are snow and ice removed from main entrances in timely manner (complete during January inspection if applicable)? |  |  |  |
| C-15 | Other issues: |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | | |
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