# **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:**

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| **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** |

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| **H. Storage Areas and/ or Shipping & Receiving Areas** |
| Building / area(s) inspected: |
| Inspector(s): | Date: |
| **Item #** | **General** | **Y** | **N** | **N/A** |
| H-1 | Are stacked materials stable (interlocked, strapped, or other means of restraint) and no more than 3 boxes high if on the floor? |[ ] [ ] [ ]
| H-2 | Are stacked materials away from ignition sources? |[ ] [ ] [ ]
| H-3 | Are sprinkler systems unobstructed by stacked materials (min. 18” away)? |[ ] [ ] [ ]
| H-4 | Are containers and storage racks undamaged and appropriate for materials? |[ ] [ ] [ ]
| H-5 | Is shelving properly secured and not overloaded? |[ ] [ ] [ ]
| H-6 | Does shelving have edge guards to prevent items from falling? |[ ] [ ] [ ]
| H-7 | Do heavy duty (industrial) steel storage racks over 8ft tall (excluding shelving and display fixtures used for retail purposes) or under 8ft tall, but loaded or unloaded by other than manual means, meet requirements of section 4.43.1 of the OH&SR (e.g. pallet rack, cantilever rack) |[ ] [ ] [ ]
| H-8 | Are hazardous materials properly labelled?  |[ ] [ ] [ ]
| H-9 | Are flammable & hazardous materials secured & stored in approved containers/cabinets? |[ ] [ ] [ ]
| H-10 | Are Safety Data Sheets (SDS) readily available/accessible and less than three (3) years old? |[ ] [ ] [ ]
| H-11 | Is appropriate PPE accessible to all workers, as needed? |[ ] [ ] [ ]
| H-12 | Are illuminated emergency exit signs visible and functional? |[ ] [ ] [ ]
| H-13 | Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed, functional and can be opened from the inside without a key? |[ ] [ ] [ ]
| H-14 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? |[ ] [ ] [ ]
| H-15 | Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.? |[ ] [ ] [ ]
| H-16 | Have any occurrences of overexertion or other ergonomic issues been addressed? |[ ] [ ] [ ]
| H-17 | Are emergency contact numbers and procedures (including First Aid) prominently posted? |[ ] [ ] [ ]
| H-18 | Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation? | [ ]  | [ ]  | [ ]  |
| H-19 | Do new staff receive workplace and task-specific orientations and are records kept?  |[ ] [ ] [ ]
| H-20 | Other issues: |[ ] [ ] [ ]
| **Item #** | **Section / Site Inspection Notes**  |
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