# **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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| **J. Mobile Equipment**WorkSafeBC Definition: “mobile equipment” means a wheeled or tracked vehicle which is engine or motor powered, together with attached or towed equipment, but not a vehicle operated on fixed rails or tracks. |
| If mobile *equipment is being used in any portion of your inspection area, please complete the following for all areas applicable. A separate checklist per area is not necessary. If any area has any item identified as deficient (N), note the specific area and details in the Inspection Report at the end of this checklist.* |
| Building / area(s) inspected: |
| Inspector(s): | Date: |
| **Item #** | **General** | **Y** | **N** | **N/A** |
| J-1 | Are maintenance logs up-to-date? |[ ] [ ] [ ]
| J-2 | Are pre-use inspection logs up-to-date? |[ ] [ ] [ ]
| J-3 | Are operators trained? |[ ] [ ] [ ]
| J-4 | Other issues: |[ ] [ ] [ ]
| **Item #** | **Section Site Inspection Notes**  |
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