# **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)* | | |
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| 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** |

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| **E. Classrooms and Lecture Halls** | | | | | |
| Building / area(s) inspected: | | | | | |
| Inspector(s): | | Date: | | | |
| **Item #** | **Emergency Equipment and Procedures** | | **Y** | **N** | **N/A** |
| E-1 | Is emergency contact information – including the building’s street address – clearly posted in the immediate area? | |  |  |  |
| E-2 | Are doorways, walkways and evacuation routes clear, are at least 2 feet / 60 cm wide? | |  |  |  |
| E-3 | Are illuminated emergency exit signs visible and functional? | |  |  |  |
| E-4 | Are fire extinguishers readily accessible, unobstructed, charged and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| E-5 | Are fire-alarm pull-stations accessible and unobstructed? | |  |  |  |
| E-6 | Are emergency exit doors unobstructed and functional? | |  |  |  |
| **Item #** | **Rooms** | | **Y** | **N** | **N/A** |
| E-7 | Is the room is clean and tidy? | |  |  |  |
| E-8 | Are floor surfaces maintained in a safe condition, with no slipping / tripping hazards? | |  |  |  |
| E-9 | Are walls and ceilings safe and in good condition? | |  |  |  |
| E-10 | Are steps/stairs/ramps in a safe condition with non-slip surface, and secure handrails where needed? | |  |  |  |
| E-11 | Are doors, windows, locks and latches in good condition and in working order? | |  |  |  |
| E-12 | Is the room comfortable? Not too hot or too cold? | |  |  |  |
| E-13 | Is there adequate lighting (no more than 20% of lights burned out)? | |  |  |  |
| **Item #** | **Furniture, Fixtures and Fittings** | | **Y** | **N** | **N/A** |
| E-14 | Is all furniture in good condition? | |  |  |  |
| E-15 | Are light fittings and general fixtures in good condition and in working order? | |  |  |  |
| E-16 | Is all AV / lighting equipment securely mounted? | |  |  |  |
| **Item #** | **Other** | | **Y** | **N** | **N/A** |
| E-17 | Other issues: | |  |  |  |
| **Item #** | **Section / Site Inspection Notes** | | **Corrective Action**  **(if required)** | | |
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