

INSPECTION SUMMARY:

LSC Name:		Date:	
Building:		College or Department:	
Areas/Labs:		Area/Lab Supervisor:	<input type="checkbox"/> Name of P.I. or supervisor: <input type="checkbox"/> Various (multiple areas, common labs)

INSPECTORS:

Name:	Representing:	Signed:	Dated:
	<input type="checkbox"/> LSC <input type="checkbox"/> OHC <input type="checkbox"/> Dept:		
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OHC / LSC INSPECTION SUMMARY:

- 1) Refer to the *Inspection Points* below as a guide for the conducting the inspection; use the *Comments* section below as a final summary when completing the inspection.
- 2) This page maybe also be used as a cover-page for existing LSC/college/department/lab inspection record; or as a complete inspection record for low risk work areas.
- 3) Use the *Inspection Correction Action Plan* form on the following page(s) to record specific sub-standard conditions and/or acts identified throughout the inspection.

Inspection Points:	Comments:
Workplace Condition General tidiness, ventilation, exits and entrances clear	<input type="checkbox"/> Good,
Environment Condition Air quality, noise, temperature, humidity, other	<input type="checkbox"/> Good,
Facility Condition Doors, hallways, windows, elevators operating; leaks and other	<input type="checkbox"/> Good,
Emergency Response Plan ERP is up to date, exit routes clear (1.1m+), signage, extinguishers	<input type="checkbox"/> Good,
Electrical Safety Cords, plugs, extension cords/bars, age and standards	<input type="checkbox"/> Good,
Ergonomics & Material Handling Rolling carts, cylinder carts are available and used, work stations	<input type="checkbox"/> Good,
Ladders & Stools Available and used when climbing to reach high shelves	<input type="checkbox"/> Good,
Condition of Storage Areas Shelves are secure and organized, ceiling clearance 41 cm	<input type="checkbox"/> Good,
Condition of Equipment, Tools, Ovens & Instruments Good operating condition; manuals, SOPs, log books used	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Glassware & Apparatus Condition Age, components, complexity, pressure, heat, SOP, other	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Chemical Safety & WHMIS Standards Inventory up to date, WHMIS labels, training, proper storage, SOP	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Biosafety & Radiation Safety Permits up-to-date, current procedures, training, PPE, SOPs	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Eyewash Tested Weekly Log and SOP available & used, emergency shower tested	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Fumehood Operating Normally – annual recertification	<input type="checkbox"/> N/A, <input type="checkbox"/> Good,
Other:	



INSPECTION CORRECTIVE ACTION PLAN:

A) During the inspection: 1) Use appropriate PPE when conducting the inspection; 2) Identify sub-standard workplace conditions and/or acts; 3) Determine reasonable and appropriate follow up to correct the unsafe conditions and/or acts; 4) Involve local area supervisor and personnel whenever possible; 5) Retain and use this form to record the findings and follow up to completion.

B) After the inspection: 1) Forward the completed Inspection Record & Corrective Action Plan to the LSC chairperson, local supervisors (responsible for follow up) and to Safety Resources (OHC).

C) Follow up process: 1) Use Corrective Action Plan to follow up through to completion (marked 'Done'); 2) Once all items are complete, forward Corrective Action Plan to Safety Resources (OHC).

Room/ Area	Identified Hazard or Risk	Corrective Action or Hazard Control	Responsible Party(s) for Follow Up	Target Completion Date	Referred to OHC	Done	Initial
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OCCUPATIONAL HEALTH COMMITTEE INSPECTION REVIEW

Date:	Name:	Signed:
Date:	Name:	Signed:

