# **General Inspection Report Local Safety Team PaLM**

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| --- | --- |
| **Building name and area inspected:** |  |
| **Room numbers 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 the General Inspection.

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

|  |  |
| --- | --- |
| 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: |

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| --- | --- |
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| 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:** Potential for causing loss of life, body part and/or extensive loss of structure, equipment or material. | **Within 1-2 days** |
| **B (Moderate Risk)** | **As soon as possible:** Potential for causing a serious injury, illness or property damage. | **Within 1 week** |
| **C (Low Risk)** | **As soon as possible:** Probable potential for causing a non-disabling injury or non-disruptive property damage. | **Next regular inspection or further investigation required** |

# **General Inspection Checklist**

# **Inspection Checklist**

The following inspection checklist is provided to help guide the process of regular workplace health and safety inspections.

* The template is based on WorkSafeBC (WSBC) regulatory requirements, outlining the most common areas of focus for a workplace safety inspection**.**
* **Sections A through E are required items to be inspected across all locations.**
* The remainder of the sections (F through O) are more work-specific items that can be customized to each inspection area.
* Specific areas of campus/operations (e.g. recreational, daycare, food service) may require tailoring this General Inspection Checklist. Any new checklist sections should be added to the end, and be approved by your JOHSC.
* If removing sections that are not applicable to the inspection area, **do not change** the lettering of the remaining sections.
* If a work place change requires addition of previously deleted sections, these sections can be added back in by copying them from the original General Inspection Checklist and Report provided on the Safety Committees webpage ([safetycommittees.ubc.ca](file:///C%3A%5CUsers%5Cteela123%5CDownloads%5Csafetycommittees.ubc.ca)).
* These general safety inspections do not replace the regular pre-use and scheduled maintenance inspections required for certain types of tools and equipment.

***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 if exposed to hazardous products during the inspection.***

**\*\*If the N checkbox has been marked please write in the applicable room number\*\***

*For any item identified as deficient (N), use the* ***Inspection Report*** *at the end of this checklist to document details of the problem and recommended action.*

|  |  | Y | N | n/a | Room |
| --- | --- | --- | --- | --- | --- |
| # | **General Facilities and Equipment** |  |  |  |  |
| **A. General Building – Interior** |  |
| A-1 | Are general areas (stairs, hallways, common areas) well-lit (all lights are operational)? |[ ] [ ] [ ]   |
| A-2 | Are stairs, hallways and common areas free of tripping hazards (clutter, damaged mats, uneven flooring, and uncovered cables)? |[ ] [ ] [ ]   |
| A-3 | Are the end of the stairwells free of any hiding places? |[ ] [ ] [ ]   |
| A-4 | Are floors and stairs dry, clean, and free of slipping hazards?  |[ ] [ ] [ ]   |
| A-5 | Have blind corners in high traffic areas been addressed? |[ ] [ ] [ ]   |
| A-6 | Are railings & guardrails in place & secure (e.g. in stairways & open areas in upper levels)? |[ ] [ ] [ ]   |
| A-7 | Are walls, ceiling tiles, floors etc., free of any visual signs of water staining or damage? |[ ] [ ] [ ]   |
| A-8 | Are rooftop accesses, unoccupied rooms and crawl spaces locked?  |[ ] [ ] [ ]   |
| A-9 | Are breakrooms and washrooms clean and sanitary? |[ ] [ ] [ ]   |
| A-10 | Is garbage/ waste removed regularly? |[ ] [ ] [ ]   |
| **B. Emergency Equipment and Procedures** |  |
| B-1 | Are fire extinguishers present, accessible, in good condition, charged and inspected within the last year and signage present? |[ ] [ ] [ ]   |
| B-2 | Are first aid kits present, adequately stocked & assigned to a certified First Aid attendant? |[ ] [ ] [ ]   |
| B-3 | Are eye wash stations and spill kits present, working and accessible (where necessary)? |[ ] [ ] [ ]   |
| B-4 | Are emergency egress and equipment functional and free from hazard (e.g. emergency exit signs, doors, etc.)? |[ ] [ ] [ ]   |
| B-5 | Are building emergency alarm systems functional and regularly tested? |[ ] [ ] [ ]   |
| B-6 | Is emergency lighting present in designated escape routes? |[ ] [ ] [ ]   |
| B-7 | Is there an up to date building emergency response plan? |[ ] [ ] [ ]   |
| B-8 | Is the designated building evacuation meeting area posted? |[ ] [ ] [ ]   |
| B-9 | Have emergency drills been performed in last 12 months? |[ ] [ ] [ ]   |
| B-10 | Are there procedures in place for Faculty and Staff who are working alone? (Visit Risk Management Services website at [www.rms.ubc.ca](http://www.rms.ubc.ca) for information regarding development of Working Alone Procedures for your area) |[ ] [ ] [ ]   |
| B-11 | Are building occupants aware of procedures and numbers to call in the event of an emergency, first aid or personal security issue? Questions and information-UBC Campus Security (2-2222)Emergency-Police, Fire, Ambulance, Hazardous Spill (911)First Aid for Faculty, Staff and Student Workers (2-4444) |[ ] [ ] [ ]   |
| **C. Ergonomics** |  |
| C-1 | Have any occurrences of overexertion or other ergonomic issues been addressed? |[ ] [ ] [ ]   |
| **D. Materials & Storage** |  |
| D-1 | Are stacked materials stable (interlocked, strapped, or other means of restraint) and no more than 3 boxes high if on the floor? |[ ] [ ] [ ]   |
| D-2 | Are stacked materials away from ignition sources? |[ ] [ ] [ ]   |
| D-3 | Are sprinkler systems unobstructed by stacked materials (min. 18” away)? |[ ] [ ] [ ]   |
| D-4 | Are containers and storage racks undamaged and appropriate for materials? |[ ] [ ] [ ]   |
| D-5 | Is shelving over 5ft tall, but under 8ft tall properly secured and not overloaded? |[ ] [ ] [ ]   |
| D-6 | Does shelving have edge guards to prevent items from falling? |[ ] [ ] [ ]   |
| D-7 | Do 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 (starting Jan 1, 2018)? |[ ] [ ] [ ]   |
| D-8 | Are hazardous materials properly labelled?  |[ ] [ ] [ ]   |
| D-9 | Are flammable & hazardous materials secured & stored in approved containers/cabinets? |[ ] [ ] [ ]   |
| D-10 | Are Safety Data Sheets (SDS) available/accessible and less than three (3) years old? |[ ] [ ] [ ]   |
| D-11 | Are mechanical rooms or under stairs free of stored materials? |[ ] [ ] [ ]   |

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| **E. Bi-Annual General Building - Exterior** |  |
| **Is it January? Yes** [ ]  **No** [ ]  **Is it June? Yes** [ ]  **No** [ ]  | **Room** |
| **If answered yes to either of the above, complete this section (E).** |  |
| E-1 | Are all entrances and exits visible from a distance and well-lit (early morning/evening)? |[ ] [ ] [ ]   |
| E-2 | Are entrances and sidewalks clear of obstructions? |[ ] [ ] [ ]   |
| E-3 | Are access points and walkways free of potential hiding places?  |[ ] [ ] [ ]   |
|  E-4 | Are entrances secured during non-working hours (access system working, alarmed if applicable)? |[ ] [ ] [ ]   |
| E-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? |[ ] [ ] [ ]   |
| E-6 | Are all doors and windows properly functioning – (both open and close if applicable)? |[ ] [ ] [ ]   |
| E-7 | Is there consistent lighting around the building? |[ ] [ ] [ ]   |
| E-8 | Are trees/vegetation kept trimmed to prevent interference with lighting and visibility?  |[ ] [ ] [ ]   |
| E-9 | Are NO SMOKING signs posted and meet all requirements under UBC Policy #15 Smoking and Smoking Product Promotion on Campus? |[ ] [ ] [ ]   |
| E-10 | Is the address sign or street number visible from the street?  |[ ] [ ] [ ]   |
| E-11 | Is the building perimeter free from overhanging hazards? |[ ] [ ] [ ]   |
| E-12 | Do any portions of the building appear to be damaged or in need of repair? |[ ] [ ] [ ]   |
| E-13 | Are fire department hose connectors and fire hydrants kept clear, accessible and have caps? |[ ] [ ] [ ]   |
| E-14 | During winter months are snow and ice removed from main entrances in timely manner (complete during January inspection if applicable)? |[ ] [ ] [ ]   |

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| **F. Workspace - Office** |  |
| Are offices present within the inspection area? Yes [ ]  No [ ] *If checked “yes” to having offices in your inspection area, please complete the following for all offices. A separate checklist per office is not necessary. If any office has any item identified as deficient (N), note the specific office and details in the Inspection Report at the end of this checklist.* |  |
|  |  | Y | N | n/a | Room |
| F-1 | Have staff on the first floor or ground level been advised to secure windows and draw blinds at the end of the day? |[ ] [ ] [ ]   |
| F-2 | Are office spaces neat and orderly? |[ ] [ ] [ ]   |
| F-3 | Is there appropriate lighting for work tasks? |[ ] [ ] [ ]   |
| F-4 | Are windows covered by a means of controlling light? |[ ] [ ] [ ]   |
| F-5 | Are noise levels safe or hearing protection provided as required? |[ ] [ ] [ ]   |
| F-6 | Is there adequate heating and cooling? |[ ] [ ] [ ]   |
| F-7 | Is air flow and ventilation appropriate for work tasks? |[ ] [ ] [ ]   |
| F-8 | Are electrical plugs, sockets and switches in good condition? |[ ] [ ] [ ]   |
| F-9 | Do electrical control panels have clear access? |[ ] [ ] [ ]   |

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| **G. Workspace – Shop/Other** |  |
| Are shops or other hazardous areas present within the inspection area? Yes [ ]  No [ ] *If checked “yes” to having shops or other hazardous areas in your inspection area, please complete the following for all shops. A separate checklist per shop is not necessary. If any shop has any item identified as deficient (N), note the specific lab and details in the Inspection Report at the end of this checklist.* ***Shop or other hazardous area personnel must be notified in advance that an inspection will be performed in their area. A shop staff member who is familiar and knowledgeable with the hazards of the work space must be involved in the inspection. Alternatively, this inspection may be performed internally but must be completed and submitted to the LST or JOHSC within one week of notification.*** |  |
|  |  | Y | N | n/a | Room |
| G-1 | Are workspaces neat and orderly? |[ ] [ ] [ ]   |
| G-2 | Is there appropriate lighting for work tasks? |[ ] [ ] [ ]   |
| G-3 | Are noise levels safe or hearing protection provided as required? |[ ] [ ] [ ]   |
| G-4 | Is there adequate heating and cooling? |[ ] [ ] [ ]   |
| G-5 | Is air flow and ventilation appropriate for work tasks? |[ ] [ ] [ ]   |
| G-6 | Are electrical plugs, sockets and switches in good condition? |[ ] [ ] [ ]   |
| G-7 | Do electrical control boxes have clear access? |[ ] [ ] [ ]   |
| G-8 | Are circuit breakers and starter switches clearly marked? |[ ] [ ] [ ]   |
| G-9 | Is piping for gas, compressed air, etc. clearly labelled? |[ ] [ ] [ ]   |

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| **H. Personal Protective Equipment**  |  |
| Is Personal Protective Equipment (PPE) required within the inspection area? Yes [ ]  No [ ] *If checked “yes” to PPE being required 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.* |  |
|  |  | Y | N | n/a | Room |
| H-1 | Are workers trained in correct PPE use and limitations? |[ ] [ ] [ ]   |
| H-2 | Is PPE used consistently and correctly?  |[ ] [ ] [ ]   |
| H-3 | Is PPE maintained in good working order and available to all workers as required? |[ ] [ ] [ ]   |
| H-4 | Is PPE inspected, fit tested (if applicable) and replaced on schedule? |[ ] [ ] [ ]   |

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| **I. Tools and Equipment** |  |
| Are tools or equipment used within the inspection area? Yes [ ]  No [ ] *If checked “yes” to tools or equipment 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.* |  |
|  |  | Y | N | n/a | Room |
| I-1 | Are machine and equipment operator’s manuals available to workers? |[ ] [ ] [ ]   |
| I-2 | Are lockout procedures posted and followed? |[ ] [ ] [ ]   |
| I-3 | Is the maintenance log up-to-date? |[ ] [ ] [ ]   |
|  |  | Y | N | n/a | Room |
| I-4 | Is the inspection log up-to-date? |[ ] [ ] [ ]   |
| I-5 | Are warning signage for physical hazards created by equipment and processes posted, clearly visible and legible? |[ ] [ ] [ ]   |
| I-6 | Are hazardous points of operation adequately guarded? |[ ] [ ] [ ]   |
| I-7 | Are safeguards in place, in good condition, and cannot be easily removed by workers? |[ ] [ ] [ ]   |
| I-8 | Is equipment positioned to avoid endangering other workers? |[ ] [ ] [ ]   |
| I-9 | Are workers protected from materials ejected from tools or equipment? |[ ] [ ] [ ]   |
| I-10 | Are equipment controls clearly labelled and within easy reach, but protected from inadvertent activation? |[ ] [ ] [ ]   |
| I-11 | Are defective tools and equipment tagged and removed from service? |[ ] [ ] [ ]   |
| I-12 | Are tools used for their designed purposes only? |[ ] [ ] [ ]   |

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| **J. Ladders** |  |
| Are ladders used within the inspection area? Yes [ ]  No [ ] *If checked “yes” to ladders 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.* |  |
|  |  | Y | N | n/a | Room |
| J-1 | Are ladders appropriate for the work task? |[ ] [ ] [ ]   |
| J-2 | Are ladders in good condition with no obvious signs of wear and tear? |[ ] [ ] [ ]   |

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| **M. Safe Work Procedures for High Risk Work Conform to Regulatory Requirements and Are Followed For:** |  |
| Is high risk work performed within the inspection area? Yes [ ]  No [ ] *If checked “yes” to high risk work being performed 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. For more information on developing safe work programs visit the RMS website at:* [*http://rms.ubc.ca/*](http://rms.ubc.ca/) |  |
|  |  | Y | N | n/a | Room |
| M-11 | [Working alone](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/6969-2/) – is a safe work procedure in place? – is a safe work procedure in place? |[ ] [ ] [ ]   |

| **N. General Laboratory Inspection** |  |
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| Are laboratories present within the inspection area? Yes [ ]  No [ ] *If checked “yes” to having laboratories within your inspection area, please complete the following for all labs. A separate checklist per lab is not necessary. If any lab has any item identified as deficient (N), note the specific lab and details in the Inspection Report at the end of this checklist.* ***Laboratory personnel must be notified in advance that an inspection will be performed in their area. A laboratory staff member who is familiar and knowledgeable with the hazards of the research space must be involved in the inspection. Alternatively, this inspection may be performed internally but must be completed and submitted to the LST or JOHSC within one week of notification.*** |  |
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| --- | --- |
| Labs inspected: |   |
| Inspection completed by: |   |
| Accompanied by: |    |

 |  |
|  |  |
| # |  | Y | N | n/a | Room |
| **General Hazards** |  |
| N-1 | Are emergency drills conducted at least annually? Are occupants aware of muster station location? | ☐ | ☐ | ☐ |  |
| N-2 | Are lab areas clean and tidy (benchtops, sinks, etc.)? | ☐ | ☐ | ☐ |  |
| N-3 | Do lab supplies (glassware, tubing, etc) appear to be in good condition? | ☐ | ☐ | ☐ |  |
| N-4 | Are orientation and training records completed and up to date? | ☐ | ☐ | ☐ |  |
| N-5 | Are aisles, fire extinguishers, fire exits, sprinklers, emergency showers, stairwells, electrical panels kept clear of materials, equipment, and spills? | ☐ | ☐ | ☐ |  |
| N-6 | Are Emergency EXIT signs illuminated? Exit routes and muster stations posted? | ☐ | ☐ | ☐ |  |
| N-7 | Are emergency exit doors functioning? | ☐ | ☐ | ☐ |  |
| N-8 | Are fire extinguishers adequate for the material used, accessible, signage present, charged, seal intact, and inspected within the last year?  | ☐ | ☐ | ☐ |  |
| N-9 | Are emergency eyewash and shower facilities available, accessible, labelled, & tested regularly? | ☐ | ☐ | ☐ |  |
| N-10 | Is appropriate Personal Protective Equipment (PPE) available and being used? (lab coats, gloves, eyewear, long loose fitting pants, liquid resistant full covering shoes, etc. – no shorts, skirts or sandals present) | ☐ | ☐ | ☐ |  |
| N-11 | Is the space free of evidence of food, drink, or chewing gum present in the lab, including lab garbage cans?  | ☐ | ☐ | ☐ |  |
| N-12 | Are “No Eating/Drinking/Smoking” signs posted? | ☐ | ☐ | ☐ |  |
| N-13 | Are electrical cords in good repair (no exposed wiring) and adequately restrained? No electrical hazards present?  | ☐ | ☐ | ☐ |  |
| N-14 | Have seismic issues been considered? (Shelving secured, restraints, heavy items stored low) | ☐ | ☐ | ☐ |  |
| N-15 | Are occupants aware how to access first aid when needed? | ☐ | ☐ | ☐ |  |
| N-16 | Are spill kits accessible, stocked and in working order? Is proper signage present?  | ☐ | ☐ | ☐ |  |

| # |  | Y | N | n/a | Room |
| --- | --- | --- | --- | --- | --- |
| N-17 | Are spill clean-up procedures posted? | ☐ | ☐ | ☐ |  |
| N-18 | Does door signage indicate the hazardous materials present in the lab? | ☐ | ☐ | ☐ |  |
| N-19 | Are laboratory emergency contacts clearly posted (primary and secondary)? | ☐ | ☐ | ☐ |  |
| **Physical Hazards** |  |
| N-20 | Is heating and ventilation adequate? (consider too hot, too cold) | ☐ | ☐ | ☐ |  |
| N-21 | Is air quality adequate? (consider unfamiliar smells, odours) | ☐ | ☐ | ☐ |  |
| N-22 | Are lighting levels in the work area adequate? (consider too bright/dim, lights not working) | ☐ | ☐ | ☐ |  |
| N-23 | Does the plumbing appear to be in good working order? (look for obvious leaks or drips) | ☐ | ☐ | ☐ |  |
| **Ergonomic Hazards**Please visit [UBC Human Resources](http://www.hr.ubc.ca/wellbeing-benefits/workplace-health/ergonomics/) for resources and information on ergonomics. |  |
| N-24 | Are materials stored to prevent overreaching? Boxes on the floor are no more than 3 high? | ☐ | ☐ | ☐ |  |
| N-25 | Are work stations and seating at proper height? | ☐ | ☐ | ☐ |  |
| N-26 | Do work areas allow for natural reaching without having to over-extend? | ☐ | ☐ | ☐ |  |
| N-27 | Is assistive equipment and/or mechanical aid available and used for heavy/awkward items? | ☐ | ☐ | ☐ |  |
| N-28 | Is a step ladder available for out of reach items? | ☐ | ☐ | ☐ |  |
| **Chemical Safety** |  |
| N-29 | Is the Chemical Safety manual readily accessible? | ☐ | ☐ | ☐ |  |
| N-30 | Is there less than 25 L of flammables in the open lab and containers are no larger than 5 L? | ☐ | ☐ | ☐ |  |
| N-31 | Are Fume Hoods kept tidy, functional, and annually certified? Fume Hood sashes are at/ below arrow?  | ☐ | ☐ | ☐ |  |
| N-32 | Are gas cylinders located away from doors, sources of heat/moisture and properly secured? | ☐ | ☐ | ☐ |  |
| N-33 | Are all chemicals, properly labelled and stored in proper containers/cabinets (not stored on floor)? | ☐ | ☐ | ☐ |  |
| N-34 | Are there proper supplier/workplace labels on all containers (compliant with WHMIS 2015)? Are Safety Data Sheets (SDS) readily available and regularly updated (less than 3 years old)? | ☐ | ☐ | ☐ |  |
| N-35 | Is the Chemical inventory available and dated within the past 12 months? | ☐ | ☐ | ☐ |  |
| **Biological Safety** |  |
| N-36 | Is the Biological Safety Reference manual readily accessible? | ☐ | ☐ | ☐ |  |
| N-37 | Are biosafety cabinets kept tidy, functional, and annually certified? | ☐ | ☐ | ☐ |  |
| N-38 | Are Biosafety Permits posted in the space? | ☐ | ☐ | ☐ |  |
| N-39 | Do the biohazardous waste containers have lids and are they labelled?  | ☐ | ☐ | ☐ |  |
| **Radiation Safety** |  |
| N-40 | Is the Radiation Safety Reference Manual readily accessible? | ☐ | ☐ | ☐ |  |
| N-41 | Are authorized personnel listed along with their UBC training certificates and lab specific training records in the records binder? | ☐ | ☐ | ☐ |  |
| N-42 | Are Radioisotope Permits posted in the space? (Each Radioisotope Permit must be accompanied by a CNSC rules poster) | ☐ | ☐ | ☐ |  |
| **Local Safety** |  |
| N-43 | Emergency response template complete and visible | ☐ | ☐ | ☐ |  |
| N-44 | Solvent recovery and Chemical Waste Inventory System utilized and access to waste cage provided | ☐ | ☐ | ☐ |  |
| N-45 | Blood and Body Fluid Exposure Control Plan complete and visible |  |  |  |  |