CORPORATION OF THE TOWNSHIP OF SOUTH ALGONQUIN												
SUBJECT: WORKPLACE INSPECTIONS												
TYPE:	HEALTH AND SAFI	HEALTH AND SAFETY POLICY NO. HS-005-00										
DATE:	REVIEW DATE:	FREQUENCY:	REL. BY-LAW:	PAGE #:								
June 25, 2008		As Required 08-320 1 of 5										
Revisions												
June 25, 2008 New Policy												

I. Purpose:

To assess the quality of workplace conditions, equipment and methods, and the quality and adequacy of controls for hazards in the workplace.

II. Responsibility

The employer is responsible for ensuring the proper application of this policy.

III. Standards/Procedure

A. General

- 1. The workplace inspections will be conducted on a monthly basis.
- 2. Inspections will be conducted prior to the first regular Council meeting of the month, preferably one week in advance, so that observations and recommendations can be discussed by Council.
- 3. A schedule of workplace inspections for the year is to be developed, published and posted by the Clerk-Treasurer, at the beginning of each year, listing the date and time of each inspection.

B. <u>Inspection</u>

1. Workplace inspections will be completed by the health and safety representative using the "Workplace Inspection Checklist" (see sample Appendix A). The completed monthly "Workplace Inspection Checklist" will be distributed as follows: the original retained by the health and safety inspector and a copy forwarded to the Clerk-Treasurer.

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- 2. All substandard or unsatisfactory conditions will be recorded on the "Workplace Inspection Report" (see sample Appendix B). Complaint areas should be noted as well.
- 3. The health and safety inspectors will record any suggestions in the "Recommended Actions" section and report the findings to the employer.
- 4. Copies of the "Workplace Inspection Report" will be:
 - Posted on the respective work area bulletin boards
 - Circulated to the department heads
 - Circulated to each health and safety representative in the workplace.

C. Analysis and Follow-up

- 1. The employer is responsible for reviewing the "Workplace Inspection Report" and initiating the appropriate corrective action, in order of its priority.
- 2. The "Workplace Inspection Report" shall be completed within one week, with the following information:
 - The action taken or planned to be taken
 - The completion date
- 3. Subsequent workplace inspections will review the items from previous inspections to ensure the remedial action has resolved the concern. Items will remain on the "Workplace Inspection Report" until they are issued with a "Completed Date".

I. FORMS

- 1. Workplace Inspection Checklist
- 2. Workplace Inspection Report

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Appendix A WORKPLACE INSPECTION CHECKLIST

Inspection Location:	Date of Inspection
Department/Area:	Time of Inspection

WALKING SURFACES		PROTECTIVE CLOTHING/EQUIPMENT
Walkways free of obstacles		Equipment/clothing provided where required
		(including safety kits and cellular phones/radios)
Cords anchored or covered	4	Equipment/clothing used where required
Floor Coverings in good condition		Equipment/clothing in good condition
No slip/trip hazards present		Employees trained in usage of equipment/clothing
Warnings posted when floors are wet		Work areas have appropriate signage
		Visiting employees wearing proper PPE where
		required
		Contractors wearing proper PPE where required
FURNITURE/OFFICE EQUIPMENT		
Appropriate for work being done		
In good mechanical condition		FIRE PREVENTION
Properly assembled	////	Extinguishers available & accessible
Properly adjusted		Extinguishers/hose cabinets dated monthly
Secure from tipping		Pull stations accessible
Free from sharp edges/corners		Electric cords/outlets in good condition
Dangerous parts properly guarded		Electrical outlets not overloaded
Electrical cords at workstations secured		Fire exits clear of obstruction
		Fire doors closed
		Fire exit signs lit
BOOKCASE/SHELVES/CABINETS		
Secured from tipping		
In good condition		MACHINERY/EQUIPMENT/TOOLS
Drawers/doors closed when not in use		Log books with safety checks current
One drawer open at a time		In good working order
Material safely stored/stacked/piled		Safety inspections current
Heavier or commonly accessed items		Preventative maintenance program established for
between knuckle and shoulder height		equipment & tools is current (not yet established)
Step stools available if required		Employees instructed on safe/proper use
		Dangerous parts properly guarded
		Appropriate for work being done
FIRST AID		
First aid kit available at First Aid Station		
First aid kit checked monthly (initialed)		POSTED INFORMATION
WSIB poster 82 beside the kit		OH&S Act & OHS Policy
Certificates of first aiders current & posted		First Aider names

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First aid log sheet available and in use	Workplace Inspection Report	

ENVIRONMENT	TRAINING
Light levels adequate	Employees aware of safe working procedures
Air quality adequate	Employees provided information and instruction on Health and Safety
Air/temperature units unobstructed	
Hazardous materials properly labeled	
Hazardous materials properly stored	OTHER INSPECTED AREAS/CONDITIONS
Current MSDSs are available (within 3 years)	Contractors working in safe manner (i.e. safe use of
	ladder, etc.)
Housekeeping satisfactory	
No construction hazards present	

Health and Safety Inspector Name:	Health and Safety Inspector Signature:

Copy: Clerk-Treasurer

Appendix B WORKPLACE INSPECTION REPORT

Inspection Locatio	n:												Date of	f Inspecti	on		
Department/Area:								J	Page		of		Time o	f Inspect	ion		
Item (and location of item)	Hazard Observed	Haza rd Class	t I	pea tem		Recoi	mmei	nded	Actio	on \	Who	B	y When	Date Actio	n	Complete d Date	Authorize d Signature
														Γ			
Class A: Likely to cause Class B: Likely to cause Class C: Likely to cause	dous Practices or Condition e permanent disability or loss e serious injury or illness (rest e minor (non-disabling) injury	of life or alting in t	empo	rary disa	ability ptive) or prope property d	rty dan lamage	age th	at is dis	ruptive, b	out less se	vere	than Class	"A".			
Health and Safety Inspector Name: Health and Safety Inspector Signature:																	

Copies to: Department Head Clerk-Treasurer

Clerk-Treasurer
Workplace Inspectors