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| --- | --- |
| **Workplace Inspection Safety Checklist** | Date Completed:Click or tap here to enter text. |
| Completed by: [ ] Manager/Supervisor [ ] Designate [ ] Health and Safety Committee | Site/Area/Department:Click or tap here to enter text. |
| Completed by Names:Click or tap here to enter text. |
| Instructions: 1. Read the description. 2. Check Yes, No or Not Applicable (for staff questions: if staff answers correctly check yes). Shaded area indicates items which may require further action or be a hazard. 3. Provide a detailed description of potential hazard(s) for shaded areas. \*\* Items identified as requiring REPAIR - Follow facility management work order process. |
| **ITEM** | **YES** | **NO** | **N/A** | **POTENTIAL HAZARD(S) - *please describe*** |  |
| **Section 1: General** |
| Aisles, hallways, and emergency exits are clear of obstruction (Staff can move safely in the workenvironment)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Department furniture, equipment and electrical cords are in satisfactory condition? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Safe Work Procedures are available where task is performed? |[ ] [ ] [ ]  Click or tap here to enter text. |
| ***Section 2: General Staff Questions*** |
| Give an example of an applicable safe work procedure for the tasks you do? |[ ] [ ] [ ]  Click or tap here to enter text. |
| How/who do you report an injury near miss to? |[ ] [ ] [ ]  Click or tap here to enter text. |
| How do you access Safe Work Procedures in your work area? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 3: Chemical** |
| SDS Inventory is available? |[ ] [ ] [ ]  Click or tap here to enter text. |
| SDS sheets or consumer labels are available? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Chemical Containers are labeled? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Cleaning/chemicals products are properly stored (locked cupboard/closet)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 4: Chemical Staff Questions** |
| Have you been trained to use SDS/Consumer labels? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Can you describe the procedure used for departmental spills and code brown? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Can you tell me what chemicals require you to use PPE/Is the PPE accessible? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 5: Emergency Equipment** |
| Are first aid kits available and stocked? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Is post exposure protocol package current and available? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are chemical/cytotoxic spill kits accessible and stocked? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are eyewash stations intact, clear of obstacles, inspected regularly and replacement bottle available? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are plumbed in eye wash stations clear of obstacles and in working order? Accessible at all times? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Have fire extinguisher(s) been checked monthly and signed off? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 6: Emergency Equipment Staff Questions** |
| Where is the first aid kit located and how often it is inspected? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **ITEM** | **YES** | **NO** | **N/A** | **POTENTIAL HAZARD(S) - *please describe*** |
| Where is the eye wash station and is the weekly inspection completed? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Is there a first aid kit available? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Is there a fire extinguisher/pull station? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 7: Patient Care Areas** |
| Sharps Containers - location are easily accessible and not overfull? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Oxygen tanks are secured? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Is safe patient and handling ‘mini audit’ process implemented? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Patient Handling Logo matches assessment? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 8: Patient Care Area Staff Questions** |
| Are there any concerns about availability/condition of sliders, slings, transfers belts, etc.? |[ ] [ ] [ ]  Click or tap here to enter text. |
| What is the process to ensure lift batteries are charged? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 9: Slip, Trip and Fall** |
| Electrical/bed cords are secured (trip hazard)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Staff is wearing appropriate footwear? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Wet floor signage is used? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 10: Slip, Trip and Falls Staff Questions** |
| Are there any concerns or incidents with electrical/bed cords secured (trip hazard) |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are there any concerns or incidents with wet floors/slip hazards? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 11: Material Handling, Ergonomic and Storage Hazards** |
| Frequently used items are placed in easy to access areas? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Heavy items are stored at waist height? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Step stools/ladders are available when needed? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Work stations/sinks are height adjustable where required and may be configured by the user? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Anti-fatigue mats are available and in good repair where standing for long periods is required? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 12: C.A.R.E. (Provincial Violence Prevention Program)** |
| Are patients being screened? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Is the alert system in use? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Patient screening tool is on chart - positive screens result in alert activated? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 13: C.A.R.E. Environmental Risk Assessment** |
| Are there isolated areas in your work area? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are there places of concealment (stairwells, recessed doorways, unlocked storage, etc.)? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Can staff see all incoming persons? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **ITEM** | **YES** | **NO** | **N/A** | **POTENTIAL HAZARD(S) - *please describe*** |
| It is possible to see what is at the end of each corridor or hallway? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Waiting and work areas are free of objects that could be used as weapons? |[ ] [ ] [ ]  Click or tap here to enter text. |
| There are enough exits and adequate routes of escape? |[ ] [ ] [ ]  Click or tap here to enter text. |
| There are places where workers can go for protection in an emergency? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Security devices are tested on a regular basis? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Section 14 C.A.R.E: Staff Questions** |
| What is the procedure for immediate assistance/response? |[ ] [ ] [ ]  Click or tap here to enter text. |
| Are there concerns for personal safety? |[ ] [ ] [ ]  Click or tap here to enter text. |
| **Additional Questions/items** |
| Click or tap here to enter text. |[ ] [ ] [ ]  Click or tap here to enter text. |
| Click or tap here to enter text. |[ ] [ ] [ ]  Click or tap here to enter text. |