

**Worksite Safety Inspection**

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| --- | --- | --- | --- |
| **Company Name:** |  | **Date & Time:** |  |
| **Inspection Conducted by:** (Supervisor, worker(s), and OHC should be involved) |  | **Area(s) Inspected:** |  |
|  |  |
|  | **Site Address:** |  |

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| --- | --- | --- | --- |
| **Items Inspected** | **Meets Requirements** | **Items Inspected** | **Meets Requirements** |
| **Yes** | **No** | **N/A** | **Yes** | **No** | **N/ A** |
| Hazard Assessment Completed |  |  |  | Fall Protection Plan Available |  |  |  |
| Health and Safety Manual Readily Available |  |  |  | Proper Fall Protection Controls |  |  |  |
| Emergency Response Plan Posted |  |  |  | Safe use of PME |  |  |  |
| First Aid Risk Assessment Completed |  |  |  |  **Others:** |
| Current OHS Legislation Readily Available |  |  |  |  |  |  |  |
| First Aid Kits Available |  |  |  |  |  |  |  |
| Fire Extinguisher(s) Available |  |  |  |  |  |  |  |
| Adequate lighting |  |  |  |  |  |  |  |
| Access and egress route clear |  |  |  |  |  |  |  |
| Site tidiness, housekeeping, etc. |  |  |  |  |  |  |  |
| Workers performing tasks safely |  |  |  |  |  |  |  |
| Proper PPE being used |  |  |  |  |  |  |  |
|  |
| **Deficiencies and Corrective Actions** |
| **Priority Index****Severity 1.** Imminent Danger **2.** Serious **3.** Minor **4.** Negligible/Ok **5.** Not Applicable**Probability A** – Probable **B** – Reasonably probable **C** – Remote **D** – Extremely Remote |
| **Deficiency Identified:** | **Priority Ranking** | **Corrective Action Required** | **Person Responsible**  | **Completed** |
| **Date** | **Time** |
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| **Supervisor Review:**(Print & Sign) |  | **Date:** |  |
| **Management Review:**(Print & Sign) |  | **Date:** |  |
| **Comments:** |

***\*Inspections are typically conducted while work is being performed. When completing inspections include: verifying compliance within your company’s safety program, identifying unsafe acts or conditions, and adherence to applicable Legislation.***

**For more information on your legal obligations regarding worksite safety please contact us.**

**Contact us by email at:** **SCSAINFO@SCSAONLINE.CA** **or Toll Free at 1.800.817.2079**