

Sample Inspection Policy

It is the policy of this company to maintain a program of safety inspections. The objective of this program is to control hazards in the workplace and to ensure compliance with company rules, policies, procedures, legislation and this program.

Company facilities and job-sites shall be included in the inspection program.

Formal inspections shall be conducted and documented by supervisors and employees as follows in their areas of responsibility:

| | |
|----------------------|--|
| Office | Annually/ Semi Annually/ Quarterly |
| Shop/Yard | Quarterly/ Monthly/ Weekly |
| Tools/Equipment | Semi Annually/ Quarterly/ Monthly |
| Vehicles/ | Monthly/ Weekly/ Daily |
| Trailers | Prior to use (documented) |
| Specialized PPE: | |
| (Harnesses/Lanyards) | Visual Pre-use |
| (Respirators) | (In house) Quarterly/Monthly AND |
| | Annually - by a competent outside person |
| Jobsites | Weekly/ Bi Weekly/ Monthly |
| Storage facility | Monthly/ Semi-Annually/Annually |
| Sub-contractors | Weekly |

Informal inspections shall be conducted by supervisors on an ongoing basis in their areas of responsibility.

Signed: _____

Date: _____

Sample Inspection Policy

Purpose

The purpose of this policy is to control losses of human and material resources by identifying and correcting unsafe acts and conditions.

Policy

It is the policy of this company to maintain a program of safety inspections at facilities and all job-sites. The objective of the inspection process is to ensure compliance with company rules, policies, procedures, legislation and this program.

Responsibilities

The manager is responsible for the overall operation of the program.

Supervisors are responsible for conducting formal inspections on job-sites that they control and of the facilities on a (*weekly, by-weekly, monthly*) basis. Supervisors are also responsible for involving employees in the inspection process.

Supervisors are responsible for conducting ongoing informal inspections of areas where their crews are working.

Employees are responsible for participating in and contributing to the inspection program.

Signed: _____

Date: _____

Sample Inspection Policy

The inspection process at <company name> and all of its work sites is not to be limited to formalized inspections conducted by the project supervisor. The expectation is that there will be other active inspection processes in place.

- Pre-start daily inspections will be conducted by all employees for their specific areas
- Informal Inspections will be conducted by supervisors on a weekly basis in their areas of responsibility.
- Formal safety inspections shall be conducted and documented by the management in cooperation with the department supervisor's and the JOHSC on a monthly basis

Informal Workplace Inspections

All employees are expected to maintain continual awareness of hazards in their work areas.

This is accomplished by supervisors conducting regular walk-throughs of their areas of authority and by workers checking their work areas prior to commencing work.

A general inspection report is required and any detected hazard must be corrected immediately if the task is within the employee's capabilities. If not, the hazard should be reported to the area supervisor or management for correction.

Formal Workplace Inspections

Formal inspections will occur monthly at all <company name> sites. Each site inspection will produce a site specific inspection report that will be forwarded and reviewed by each project manager and supervisor respectively.

The site management team must ensure that any corrective action arising from these reports is taken so that the hazard is eliminated or controlled.

These completed reports shall be compiled into a annual report to be forwarded to senior management and the JOHS Committee for review.

Signed: _____

Date: _____

Sample Workplace Inspection Checklist

This checklist will need to be adopted to meet the detailed requirements and specific needs of your workplace.

| | | | | | |
|---|-------------|------------------------|-----------------|-----------------------------|---------------------------|
| Company Name/ Details: | | | | | |
| Work Area | | | | | |
| Date of Inspection: | | Action Required | | | |
| Time: | Good | Urgent | Schedule | Control Put in Place | Person Responsible |
| Fire | | | | | |
| Extinguishers in place, clearly marked for type of fire and recently serviced | | | | | |
| Adequate direction notices for fire exits | | | | | |
| Exit doors easily opened from inside | | | | | |
| Fire wardens appointed | | | | | |
| Exits clear of obstructions | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Fire alarm system functioning correctly | | | | | |
| Fire instructions available and displayed | | | | | |
| Assembly points clearly identified | | | | | |
| Regular fire drills carried out | | | | | |
| Training sessions conducted | | | | | |
| Electrical | | | | | |
| No broken plugs, sockets or switches | | | | | |
| No frayed or damaged leads | | | | | |
| Portable power tools in good condition | | | | | |
| No temporary leads on floor | | | | | |
| All electrical equipment has been tagged | | | | | |
| Emergency shut-down procedures in place | | | | | |
| No strained leads | | | | | |
| General Lighting | | | | | |
| Adequate illumination | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Good natural lighting | | | | | |
| No direct or reflected glare | | | | | |
| Light fittings clean and in good condition | | | | | |
| Emergency lighting operable | | | | | |
| Chemicals On-Site | | | | | |
| MSDS for all chemicals | | | | | |
| Containers clearly labelled | | | | | |
| Do special storage conditions apply? | | | | | |
| First Aid | | | | | |
| Cabinets and contents clean and orderly | | | | | |
| Easy access to cabinets | | | | | |
| Employees aware of location of first aid cabinet | | | | | |
| First aid cabinet clearly labeled | | | | | |
| Eye wash facilities are provided (were appropriate) | | | | | |
| Emergency numbers displayed | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Supply of soap and towels | | | | | |
| Adequate stocks | | | | | |
| Floors | | | | | |
| Even surface, no cracks or holes | | | | | |
| Loose boards or drainage grills or vents are cleaned regularly | | | | | |
| Oil and grease removed | | | | | |
| Entry across walkways kept clear | | | | | |
| No electrical leads across walkways | | | | | |
| Walkways adequately lit and clearly marked | | | | | |
| Unobstructed vision at intersections | | | | | |
| Office Hazards | | | | | |
| Filing | | | | | |
| Chairs | | | | | |
| Desks | | | | | |
| Glare from windows | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Photocopiers – fumes | | | | | |
| Air conditioning maintained regularly | | | | | |
| Disposal of waste | | | | | |
| Machines | | | | | |
| Kept clean | | | | | |
| Adequately guarded | | | | | |
| Starting and stopping devices within easy reach | | | | | |
| Waste storage / disposal | | | | | |
| Drip pans to prevent spillage | | | | | |
| Adequate work space around machine | | | | | |
| Noise levels controlled | | | | | |
| Lighting satisfactory | | | | | |
| No bending or stooping required | | | | | |
| Rubbish – Waste | | | | | |
| Bins located at suitable points in plant | | | | | |
| Bins emptied regularly | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Oily rags and combustibles in covered container | | | | | |
| Work benches | | | | | |
| Clear of rubbish | | | | | |
| Tools not in use stored correctly | | | | | |
| No damaged hand-tools | | | | | |
| Work height | | | | | |
| No sharp edges | | | | | |
| Storage | | | | | |
| Materials stored in racks & bins | | | | | |
| Storage designed to minimize lifting | | | | | |
| Floors around racking clear of rubbish | | | | | |
| General conditions of racks & pallets | | | | | |
| Other Items | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Work Site Safety Inspection

Date: _____

Inspection Team: _____
Supervisor

Employees: _____

Inspection Location: _____

| Unsafe Acts / Conditions | Priority | Corrective Action Required | Person Responsible | Completed (date and name) |
|-----------------------------|----------|-------------------------------|-----------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Manager's Signature | | | Date | |