

UPEI Facility Management Workplace Inspection Report

Inspection # = (dd/mm/yy - Location #): _____

Maintenance Areas/Construction/Renovations/Mechanical & Electrical Rooms/Utility Building/Tunnels/Campus Grounds, etc.

Rev. April 2008

Inspection Date		Area(s) Inspected		Local H&S Committee	
Inspectors				Area Guide	

Hazard Rating (hazards to personal injury, property or the environment): **A - High hazard** **B - Moderate hazard.** **C - Low hazard.**

* Item previously noted.

*#	Y	N	A	Item (Y = Satisfactory, N = Needs Improvement NA = Not Applicable)	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
GENERAL										
1				Workplace clean and orderly						
2				Exits clear of obstructions and accessible						
3				Stored materials properly secured when above shoulder heights						
4				Suitable warning signs and labels (UV, PPE, confined space, etc.) for areas/equipment						
5				Floor free of tripping hazards: loose mats/rugs, obstacles						
6				free standing shelves are stable/safe loads						
7				file cabinet drawers shut when not in use						
FIRE										
8				Emergency exit signs visible & working and exits unobstructed						
9				Fire alarm pull stations, fire hose stations, and portable fire extinguishers visible and unobstructed						
10				Stairway doors/self closing doors closed as necessary						
11				All sprinkler heads free of obstruction						
12				emergency telephone #'s posted/accessible						

*#	Y	N	A	Item	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
13				extinguishers fully charged & current refill						
HAZARDOUS MATERIALS										
14				MSDS available for hazardous materials						
15				hazardous waste procedure followed						
16				Adequate spill containment, clean-up, & procedures available						
17				appropriate ventilation available						
18				gas cylinders properly labeled & secured when moved or stored, caps in place						
EQUIPMENT										
19				Clean and working properly						
20				Properly grounded & ventilated						
21				Proper clearances kept from combustibles						
22				noise testing done in suspected areas						
23				safety glasses worn with air guns, nozzles, compressed air for cleaning, sawing & with all equipment use that could cause eye damage						
24				regular program of safety insp. of machinery & equipment; preventive maintenance done & documented						
Guarding										
25				Emergency stop mechanisms ID & working						
26				proper guards for moving parts, accessible belt & chain drives, gears, shafts, pulleys						

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27				saws (electric) have non-kickback features						
28				switches within easy reach/clearance around machines for safe servicing						
29				permanent machines securely anchored to prevent movement						
30				machinery identified (capable of movement) that requires to be locked out						
31				approved lockout/tagout locks & tags available & used						
Electrical										
32				no defective, wiring, fuses or switches						
33				electrical openings covered appropriately						
34				metal ladders prohibited where may contact energized parts of equipment, fixtures						
35				multiple plug adaptors prohibited						
36				electrical panels & breakers labelled						
37				extension cords in good working condition & used for temporary situations only						
38				are obsolete plugs, wiring removed						
CAMPUS GROUNDS										
39				appropriate lighting at night on paths						
40				walkways & paved areas in good condition, no large holes, uneven cement walkways/pavement or other tripping hazards						

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41				no exposed electrical wiring						
42				no other protruding obstacles						
43				emergency/fire lanes and fire hydrants are accessible						
44				vehicles regularly maintained/inspected						
45				buildings are locked at defined times						

TRAINING/DOCUMENTATION/PPE

46				SOP's, appropriate manuals and evacuation plan available						
47				training in place & documented (e.g. site specific, fall protection, TDG, proper lifting, lock-out, fork lift, First Aid, etc.)						
48				Fall protection used for unguarded work (>8 ft. above the nearest perm. safe level or when above area that could cause injury)						
49				PPE available and used						

Any other items/comments can be added as an attachment to this report.

Inspection

Lead Inspector (signature): _____ Date: _____

Inspector (signature): _____ Date: _____

Area Leader (signature): _____ Date: _____

Overall Target Date:

Original copy goes to Area Leader

Copy to the Facilities Management Health and Safety Committee Chair

Actions Completed

Area Leader's signature: _____ Date: _____

When actions & form are completed, return original to the