

# UPEI Health and Safety Inspection Report (Generic)

Inspection # = (mm/dd/yy – Location #): \_\_\_\_\_

Offices, Common Areas, Classrooms, Residences, etc.  
 Rev. April 2008

<b>Inspection Date</b>		<b>Area(s) Inspected</b>		<b>Local H&amp;S Committee</b>	
<b>Inspectors</b>				<b>Area Guide</b>	

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

*#	Y	N	NA	Item (Y = Satisfactory, N = Needs Improvement NA = Not Applicable)	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
<b>GENERAL</b>										
1				Workplace clean and orderly						
2				Exits clear of obstructions and accessible						
3				Stored materials properly secured when above shoulder height						
4				Suitable warning signs and labels utilized						
5				Free of tripping hazards: loose mats/rugs, obstacles						
6				file cabinet drawers shut when not in use						
7				approved step stool available as necessary						
8				free standing shelves are stable/safe loads						
9				personal protective equipment available as necessary						

*#	Y	N	N A	Item	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
<b>FIRE</b>										
10				Emergency exit signs visible & working and exits unobstructed						
11				Pull stations, portable fire extinguishers & fire hose stations visible and unobstructed						
12				Stairway doors/self closing doors closed						
13				All sprinkler heads free of obstruction						
14				emergency telephone #'s posted/accessible						
15				extinguishers fully charged & current refill						
<b>DOCUMENTATION</b>										
16				emergency evacuation plan in place						
17				MSDSs for hazardous materials available						

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

**Additional Comments:**

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**Inspection**

Lead Inspector (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Inspector (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Area Leader (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Original goes to Area Leader       Copy to appropriate Local Health and Safety Committee Chair: \_\_\_\_\_

**Actions Completed**

Area Leader's signature: \_\_\_\_\_ Date: \_\_\_\_\_

When actions & form are completed, return original to the appropriate Local Health and Safety Committee Chair

Overall Target Date:
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