**UPEI Health and Safety Inspection Report (Generic)**

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

Offices, Common Areas, Classrooms, Residences, etc.

Rev. August 2018

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inspection Date** |  | **Area(s) Inspected** |  | **Local H&S Working Group** | |  |
| **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** | **NA** | **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 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** | **NA** | **Item** | **Description** | **Hazard Rating** | **Corrective Action** | **Person Responsible** | **Target Date** | **Completion Date** |
|  | **FIRE** | | | | | | | | | |
| 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/fire doors closed |  |  |  |  |  |  |
| 13 |  |  |  | All sprinkler heads free of obstruction |  |  |  |  |  |  |
| 14 |  |  |  | emergency telephone #’s posted/accessible |  |  |  |  |  |  |
| 15 |  |  |  | extinguishers fully charged & current refill |  |  |  |  |  |  |
|  | **DOCUMENTATION** | | | | | | | | | |
| 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 Working Group Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Actions Completed**

Overall Target Date:

Area Leader’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ When actions & form are completed, return original to the appropriate Local Health and   
 Safety Working Group Chair. The Health & Safety Working Group Chair will send a copy to Health, Safety and Environment Department.