

University of Manitoba Fort Garry Campus WORK ORDER - Preventive Maintenance

Work Order: _____ **Master WO ID:** _____

Description: Page 1 of 2 New Shop inspection form
File Name:
Run File:
Comment:

Object ID: SHOPINSP-PG1
Type:



UNIVERSITY
OF MANITOBA

PHYSICAL PLANT - SHOP INSPECTION

DATE: _____ SHOP: _____

INSPECTED BY: _____
(Supervisor – Print & Sign) (Worker – Print & Sign)

Physical Plant requires regular inspections of the workplace to be carried in compliance with WS&H Regulation 2.4(1). The purpose of the inspection is to identify potential risks to people or property, and initiate the corrective actions required to address the deficiency noted. Inspections are to be conducted not less than monthly. A copy of the Shop Inspection Form is to be posted on the Safety Bulletin Board.

Managers carry the responsibility for ensuring the Shop Inspection Process is conducted in their respective areas including: assigning a supervisor and worker(s) to conduct the inspections; reviewing, endorsing or amending corrective actions required; as well as, following up on the completion of necessary actions. The Shop Inspection Process is not complete until the Corrective Action Required has been initiated. It is then submitted through the Manager to the Assistant Director.

Items are outlined on the checklist below. An "X" is to be marked in the box provided to indicate no further attention required. N/A denotes Not Applicable. If a risk or hazard is identified, circle the item and take corrective action where possible or initiate corrective action (work order, project, signage, etc), noting the action taken in all cases.

Aisles, work surfaces	Building structures, windows, floors, doors, stairs	Bulletin Board
Electrical wiring, cords	Exits, alarms, emergency lighting	Warning signs, labels
Fire protection equipment	First aid, contents, log	Flammable liquid, gas, labels, storage containers
Garbage containers	Hand and power tools	Heating/cooling/ventilation
Housekeeping	Lighting	Material Safety Data Sheets Binder (MSDS)
Personal Protective Equipment	Shop production equipment, guarding controls	Safety Manual
Storage areas	Materials handling equipment	Safe Job Procedures Binder
Toxic material storage, labels	Eyewash Station	Other

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WORK ORDER - Preventive Maintenance

Work Order:

Master WO ID: _____

Description: Page 2 of 2 New Shop inspection form
File Name:
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Object ID: SHOPINSP-PG2
Type:

CORRECTIVE ACTION REQUIRED

Manager: _____ Date: _____
(Print & Sign)

Assistant Director: _____ Date: _____
(Print & Sign)

Customer's Signature : _____ Date: _____
(Required if Billed to Department Budget)

Completion Information:		Vehicles Only:	Work Order Desk:
Date: (M/D/Y)	<input type="text"/>	Down Time:	<input type="text"/>
Supervisor:	<input type="text"/>	Current Meter:	<input type="text"/>
		Due Reading:	0 IDC # <input type="text"/>