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.

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

Manager: __________________________ Date: ______________
(Print & Sign)

Assistant Director: __________________________ Date: ______________
(Print & Sign)

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

Completion Information:

Date: (M/D/Y) __________ Down Time: __________
Supervisor: __________

Vehicles Only:
Current Meter: __________
Due Reading: __________

Work Order Desk:
Date Closed: __________
IDC #: __________