

Sample Workplace Inspection Checklist

Location:

Date/Time of Inspection:

Inspectors:

No.	Item	Status		
1	Floors			
.1	Floors clean and clear of waste	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Good traction/condition – safe footing	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Signs posted to warn of wet floors	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	No tripping hazards	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	No worn or loose flooring or carpet	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	No protruding objects (nails, wires)	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
2	Stairways & Aisles			
.1	Aisles unobstructed - clearly marked	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Mirrors installed at blind corners	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Aisles not congested	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Aisles wide enough for normal traffic	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	File drawers not left open as obstructions	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	Escape routes not congested	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Escape routes meet provincial standard	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.8	Lighting adequate – walkways well lit	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.9	Emergency lighting functioning correctly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.10	No faulty stair treads	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
3	Equipment & Machinery Maintenance			
.1	Equipment/Machinery not damaged	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Machine guards in place and effective	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Tools in proper operating condition	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Drip pans/absorbent material available	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Furniture in proper operating condition	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	Ladders in good operating condition	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Ladders properly placed or stored	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
4	Waste Disposal			
.1	Adequate number of containers	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Appropriate containers for toxic or flammable waste	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Waste containers located where waste produced	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Waste containers emptied regularly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Waste chemicals handled properly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A

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No.	Item	Status		
5	Storage			
.1	Storage areas appropriate for materials being stored	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Material stacked securely and accessible	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Bins/racks provided where material cannot be safely stacked	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Materials stored so as not to interfere with work areas	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Storage areas clearly marked	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
6	Emergency Equipment			
.1	Extinguishers inspected annually and tags signed	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Extinguishers not obstructed and easily identified	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Extinguishers appropriate for the types of fire they must control	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Sprinklered rooms clear of stored materials 12" from ceiling	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Emergency lighting in place and operating properly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	First aid kits present and complete	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Eye wash stations present with fluid in date	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
7	Lighting			
.1	Lamp reflectors clean	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Lighting adequate for work being performed	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
8	HVAC System			
.1	No persistent odours or fumes	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Area heating appropriate for occupancy	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Humidity appropriate for occupancy	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Ventilation openings properly screened	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
9	Hazardous Materials/Dangerous Goods			
.1	Hazardous materials and dangerous goods have been identified	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Hazardous materials inventory completed	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	MSDSs available for all hazardous materials	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Materials and goods properly stored (appropriate segregation)	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Materials and goods properly labeled	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
10	Sanitation – Washrooms			
.1	Washrooms clean	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Fixtures not damaged or leaking	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Soaps/paper towels/toilet paper present	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A

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No.	Item	Status		
11	Sanitation – Food Preparation Areas			
.1	Consumables properly stored	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Food residues properly discarded	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Food preparation areas clean	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Crumb traps cleaned	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Cleaning materials stored away from food storage/ preparation areas	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	Small appliances unplugged when not in use	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Cleaning cloths in sanitary condition	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.8	Sink faucets and drains operating correctly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.9	Fridge interior clean – no food residue	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
12	Security			
.1	Security locks functioning properly	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Doors and windows secured after hours	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Emergency plan posted	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Confidential materials not left unattended	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Confidential papers properly disposed of	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
13	Electrical Safety			
.1	Extension cords for temporary use only	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Wall outlets not damaged	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	No exposed or bare wires	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Breaker panel covers closed	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	Power cords not to cross walkways	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	Temporary cords taped in place	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Power cords and plugs in good condition	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
14	General Housekeeping			
.1	Wall and ceiling fixtures fastened securely	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2	Damaged fixtures/equipment clearly marked	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3	Paper and waste properly disposed of	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4	Desk and file drawers closed when not in use	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5	File cabinets filled from the bottom up	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6	File cabinet drawers not overloaded	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.7	Materials not stacked on desks or chairs	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.8	Filing stools and wastebaskets not placed where they may be tripping hazards	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
15	Other	<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.1		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.2		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.3		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.4		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.5		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A
.6		<input type="checkbox"/> S	<input type="checkbox"/> U	<input type="checkbox"/> N/A

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