|  |
| --- |
| Company/Project: |
| Location: |
| Inspected by: | Date: |

| **✓ – Satisfactory****🗶 – Not Satisfactory****NA – Not Applicable** | **✓ 🗶 NA** | **Corrective Action Taken** |
| --- | --- | --- |
|  |  |  |
| **SITE ACCESS / HOUSEKEEPING (MR217/06 Part 2 & 4)** |  |  |
| Clean, level ground |  |  |
| Adequate ramps, stairs, ladders |  |  |
| Clear walkways / work areas |  |  |
| Clear access & landing |  |  |
|  |  |  |
| **PERSONAL PROTECTIVE EQUIPMENT (MR217/06 Part 6)** |  |  |
| Head protection (worn & in good condition)  |  |  |
| Foot protection (worn & in good condition) |  |  |
| Eye protection (worn & in good condition) |  |  |
| Hearing protection (worn & in good condition) |  |  |
| Respiratory protection (worn & in good condition) |  |  |
| Fall protection (plan, rescue) |  |  |
| Hi-Visibility Clothing (worn & in good condition) |  |  |
| Skin/body protection (worn & in good condition)Ie: Tyvek suit, Fire Resistant Clothing, chain saw chaps, gloves |  |  |
|  |  |  |
| **LADDERS (MR217/06 Part 13)** |  |  |
| Secured |  |  |
| Proper angle (extension & straight ladders – 4:1) |  |  |
| Proper size and type |  |  |
| Safe, usable condition (pre-use inspection completed) |  |  |
| Properly used / worker training |  |  |
| Non-slip bases |  |  |
|  |  |  |
| **GUARDRAILS (MR217/06 Part 14)** |  |  |
| Located where required |  |  |
| Properly constructed |  |  |
| Adequately secured |  |  |
| Placed around floor/roof openings and edges |  |  |
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| **SCAFFOLDS (MR217/06 Part 28)** |  |  |
| Properly erected (all parts used) |  |  |
| Properly secured / stabilized |  |  |
| Properly planked |  |  |
| Proper guardrails, toe-boards |  |  |
| Proper access to platform |  |  |
| Acceptable loading |  |  |
| Daily inspection completed |  |  |
|  |  |  |
| **FALL PROTECTION (MR217/06 Part 14)** |  |  |
| CSA approved |  |  |
| Properly worn and inspected |  |  |
| Safe, usable condition |  |  |
| Workers trained in fall protection and rescue |  |  |
|  |  |  |
| **POWER TOOLS, EQUIPMENT (MR217/06 Part 16)** |  |  |
| General condition |  |  |
| Proper guards, cords, PPE |  |  |
| Tagging as DEFECTIVE |  |  |
|  |  |  |
| **STAIRWELLS & RAMPS (MR217/06 Part 13 & 30)** |  |  |
| Proper cleats on ramps |  |  |
| Adequate lighting in stairwells |  |  |
| Adequate handrails or guardrails |  |  |
| Free of obstructions (materials, equipment, accumulation of waste, ice, snow) |  |  |
|  |  |  |
| **TRAFFIC CONTROL (MR217/06 Part 20)** |  |  |
| Trained traffic controllers |  |  |
| Warning indicators (signs, flares, etc.) |  |  |
| Properly dressed (including vest) |  |  |
|  |  |  |
| **PUBLIC WAY PROTECTION (MR217/06 Part 20)** |  |  |
| Covered pedestrian walkway if within 4.5 m |  |  |
| Entrances clearly marked |  |  |
| Min. height(2.4m), width requirement |  |  |
| Proper rail on street side (1m high) |  |  |
| Adequate lighting |  |  |
| Fence around perimeter of construction project site (at least 1 m high) |  |  |
|  |  |  |
| **GAS CYLINDERS (MR217/06 Part 19)** |  |  |
| Properly located |  |  |
| Properly secured |  |  |
| Properly moved or lifted |  |  |
| Properly hooked up |  |  |
|  |  |  |
| **CONFINED SPACES (MR217/06 Part 15)** |  |  |
| Proper access |  |  |
| Air testing before entry (purged & ventilated)  |  |  |
| Rescue equipment readily available |  |  |
| Safety harness, lifeline properly anchored & used |  |  |
| Standby worker present |  |  |
| Outgoing air monitored |  |  |
| Entry permit where required |  |  |
| Workers trained and competent |  |  |
|  |  |  |
| **FIRST AID REQUIRMENTS (MR217/06 Part 5)** |  |  |
| Adequate qualified first aiders on jobsite |  |  |
| First aid kits: Adequate number / contents |  |  |
| Emergency phone numbers and procedures posted |  |  |
|  |  |  |
| **FIRE PROTECTION (MR217/06 Part 19)** |  |  |
| Master emergency plan |  |  |
| Extinguishers where required |  |  |
| Fully charged |  |  |
| Adequately identified |  |  |
|  |  |  |
| **EXTENSION CORDS (MR217/06 Part 38)** |  |  |
| Outdoor-type, rated over 300 volts |  |  |
| Condition of casing, ends, connections |  |  |
| GFCIs used where required |  |  |
|  |  |  |
| **TEMPORARY POWER SUPPLY (MR217/06 Part 25 & 38)** |  |  |
| Properly identified |  |  |
| Overhead lines flagged & secured |  |  |
| Surface cables buried or protected |  |  |
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| **CRANES, HOISTS, ETC. (MR217/06 Part 23)** |  |  |
| Safe setup of equipment (barricades set up) |  |  |
| Maintenance log available |  |  |
| Competent operator |  |  |
| Condition of slings, hardware |  |  |
| Safety latches on all hooks |  |  |
| Proper use of tag lines |  |  |
| Proper lifting containers |  |  |
| Competent signaller |  |  |
| Outriggers fully extended |  |  |
| Outrigger pads used |  |  |
| Daily inspection list completed |  |  |
| Safety devices properly functioning) |  |  |
| Current annual certification |  |  |
| Load chart posted by operator controls. |  |  |
| Safe Job Plan completed prior to lift |  |  |
| Weather conditions acceptable for lift (according to manufacturer’s instructions) |  |  |
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| **WELDING (MR217/06 Part 17)** |  |  |
| Rods & cylinders properly labeled |  |  |
| MSDSs readily available |  |  |
| Properly secured ground cables |  |  |
| Proper eye/face protection worn |  |  |
| Proper screens and exhaust |  |  |
| Gas cylinders upright and secured |  |  |
| Fire extinguisher readily available |  |  |
|  |  |  |
| **ELEVATING WORK PLATFORM (MR217/06 Part 28)** |  |  |
| Worker training |  |  |
| Properly used (including outriggers / stabilizers) |  |  |
| Safe, usable condition |  |  |
| Acceptable loading |  |  |
| Manufacturer’s operating manual |  |  |
|  |  |  |
| **MATERIALS STORAGE (MR217/06 Part 7)** |  |  |
| Properly located; securely stored |  |  |
| Safely piled, stacked, bundled |  |  |
| Properly moved or lifted |  |  |
| Properly labeled (WHMIS) |  |  |
|  |  |  |
| **FORMWORK (MR217/06 Part 29)** |  |  |
| Designed and certified by Professional Engineer  |  |  |
| Guardrails and fall-arrest system |  |  |
| Design drawings kept on project |  |  |
| Inspection statement by engineer  |  |  |
|  |  |  |
| **EXCAVATIONS (MR217/06 Part 26)** |  |  |
| Serial Number assigned from the WSH Division (if excavation is >1.5m deep) |  |  |
| Properly sloped, where required |  |  |
| Excavated soil properly placed |  |  |
| Appropriate shoring used |  |  |
| Proper access to excavation |  |  |
| Proper storage of materials in and above |  |  |
| Adequate guarding |  |  |
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| **POWERED MOBILE EQUIPMENT (MR217/06 Part 22)** |  |  |
| Pre-shift inspection completed |  |  |
| Only trained/authorized/certified operators |  |  |
| Equipped with Fire extinguisher, horn, braking and parking system |  |  |
| Seatbelts worn (if equipped) |  |  |
| Operated in a safe manner |  |  |
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| **SUSPENDED WORK PLATFORMS (MR217/06 Part 28)** |  |  |
| Notification given to the WSH Division (at least 8 hours before platform is suspended) |  |  |
| Properly attached and capable of at least 10 times rated load |  |  |
| Equipped with secondary safety device |  |  |
| Outrigger beam tied to fixed support with adequate counterweight |  |  |
| All mechanical/electrical devices in good working condition |  |  |
| Independent lifelines for each worker (extend to ground) |  |  |
| Daily inspections complete |  |  |
| Work area below is roped off / warning signs posted |  |  |
|  |  |  |
| **SIGNS & PRINT MATERIAL** |  |  |
| WSH Act and regulations |  |  |
| Company policies and procedures |  |  |
| MSDSs |  |  |
| Warning signs |  |  |
| Emergency phone list |  |  |
| Report forms |  |  |
| Job hazard assessments |  |  |
|  |  |  |
| **WORKER EDUCATION** |  |  |
| WHMIS training |  |  |
| Company specific orientation |  |  |
| Hazard, near miss, injury reporting |  |  |
| Hazard reporting |  |  |
| Personal Safety and Health responsibilities |  |  |
| Task specific Safe Work Practices/Procedures |  |  |
|  |  |  |
| **HYGIENE (MR217/06 Part 2 & 4)** |  |  |
| Washroom facilities available |  |  |
| Cleanliness of facilities |  |  |
| No Smoking permitted  |  |  |
| Hand washing facilities available ( or waterless hand cleaner) |  |  |
| Eating prohibited in contaminated areas |  |  |
|  |  |  |
| **OTHER** |  |  |
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|  |  |  |  |  |
| Name of person who conducted inspection |  | Signature |  | Date |
|  |  |  |  |  |
| Senior Manager Name |  | Senior Manager Signature |  | Date |