

Policy & Procedure Manual

HEALTH AND SAFETY INSPECTIONS - HR-XI-2

POLICY:

Senior Management, Management, OPTIONS NORTHWEST Joint Occupational Health and Safety Committee and Worker Representatives are committed to identifying, preventing and eliminating all potential and/or actual work related hazards. Regular planned inspections of OPTIONS NORTHWEST work areas will be completed.

PURPOSE:

Inspections serve as a means to:

- a) identify, prevent and correct hazards,
- b) set standards and develop related procedures,
- c) establish controls, and monitor effectiveness of those controls,
- d) observe work tasks, being performed
- e) prevent injury to employees.

PROCEDURE:

I. INSPECTION SCHEDULE:

The Coordinator, Health and Safety/Designate, will develop a master inspection schedule and distribute one to each work location for posting on an annual basis.

a) Worker Inspections

A Worker Health and Safety representative or committee member shall inspect the physical conditions of the workplace monthly utilizing the designated inspection checklist. Employees and/or a Supervisor may be available to provide assistance to the Worker Representative as needed when conducting the inspection.

If the Health and Safety representative/committee member is unable to complete the required monthly inspection, he/she will notify an alternate Health and Safety representative/committee member in advance to allow for the inspection to be completed for that month.

b) Supervisor/Manager/Co-ordinator Inspections

Supervisors, Managers and the Co-ordinator, Health and Safety/Designate are responsible for completing a quarterly inspection of their work areas. The inspection may be conducted simultaneously with the work area Health and Safety representative's monthly inspection.

c) Management Inspections

Each work location will be inspected once per year by Management representatives. Directors and Managers will rotate responsibilities throughout the year. There will be no management inspections for the months of January, April, July and October. NOTE: These inspections are not intended to be an inspection of the entire work area.

INSPECTION REPORT BOOKS:

Each separate work location of OPTIONS NORTHWEST shall have an Inspection Report Book containing Workplace Inspection Report Forms. The Supervisor of each location will be designated in charge of the book to ensure its presence and supply of report forms. The Coordinator, Health and Safety/Designate will be responsible for the Administrative office's Inspection Book. The inspection book will be accessible at all times to all employees and inspectors. A master binder of each area's inspections will be kept at the Administrative office.

HEALTH AND SAFETY INSPECTION CHECKLISTS:

The Director, Human Resources and Co-ordinator, Health and Safety/Designate shall ensure inspection checklists are developed to use as inspection guides when conducting inspections. Supervisors, Managers and the Co-ordinator, Health and Safety/Designate shall ensure a supply of Health and Safety Inspection Checklists applicable to their work area(s), are available at all times. Management will utilize the designated Management Inspection Form.

II. Reporting:

Health and Safety Representatives and Supervisors

*The previous month's inspection report must be reviewed in order to note on the current Inspection Form, any hazards that have not been corrected. Always note the original date of the hazard.

1. a) Using the inspection checklist as a guide, any hazards or hazardous situations discovered during the inspection, shall be documented on the Workplace Inspection Report form.

b) All hazards/hazardous situations identified must have a hazard identification rating (A, B or C), according to the urgency of the correction required, as outlined on the back of the Inspection Report form.

c) Each point on the inspection checklist must be checked off or an N/A (not applicable) noted.

2. Immediate dangers or Class "A" hazards discovered by the inspector are to be immediately reported to the Supervisor/Manager/Director and they are responsible to take corrective action at once.

3. After the completion of the inspection:
 - ensure that the Workplace Inspection Report has been signed by the inspector(s).
 - the original and pink copy remain intact and are to be left at the home for the supervisor's action to be taken. Once the Supervisor has taken corrective action, he/she will sign the repair, send the pink copy to the Coordinator, Health and Safety/Designate and the original is placed in the work area Inspection binder.

II. Reporting:

Management

1. Directors and Managers shall inspect work areas using the Management Inspection form.

The Director/Manager shall complete the form, and ensure the area supervisor receives the original and return a copy to the Coordinator, Health & Safety/Designate. NOTE: The Coordinator, Health and Safety/Designate shall receive the original form only for the Administrative office.

III. Follow Up:

Health and Safety Representative and Supervisor/Manager Inspections

1. The Supervisor/Manager will be responsible for reviewing the reported hazards and for completing the "Corrective Action" section on the report form within one month.

The Supervisor/Manager may clarify information with the inspector(s) at this time and discuss corrective action as appropriate.

If the correction can be made immediately, the Supervisor/Manager will put a check mark under the "made" column, and complete the "description of corrective action," including the completion date.

The Supervisor/Manager shall continue to evaluate that the corrective action taken is controlling the hazard and a new hazard has not been created. If a new hazard has been identified, the Supervisor/Manager will rate the hazard, make recommendations for correction that states who is responsible for implementing the corrective action, what needs to be done and when. The Supervisor/Manager will follow up on all corrective action ensuring that it has been completed and is safe.

If the correction cannot be made immediately, check mark under "pending", complete the "description of corrective action" that is pending, and an expected completion date.

A follow up note to the pending corrective action is to be made in the last column within 21 days of reporting, and a photocopy of the updated form must be forwarded to the Coordinator, Health and Safety/Designate, who will review, initial, and forward to the Executive Director or Designate for sign off.

On the completion of "Description of Corrective Action" section, the Supervisor/Manager signs the copies. The white copy is the permanent record to be left in the area's inspection binder and the pink copy is sent to the Coordinator, Health & Safety at OPTIONS Administrative Office.

III. Follow Up:

Health and Safety Coordinator/Executive Director/Designate/Supervisor

1. On a monthly basis, the Coordinator/Designate will forward to the Executive Director/Designate the pink copy of the inspection report for review, initial and return.

2. The pink copy of the completed Inspection Reports and the Checklists are filed in a binder located at the Administration Office.

Management Inspections

1. The Supervisor/Manager/Director will review the Management Inspection Form, follow up on recommendations, and/or take action as appropriate, document the same, date sign and forward to the Coordinator/Designate, Health and Safety.
2. The Coordinator, Health & Safety/Designate shall review the copy of the Management Inspection Form, and ensure receipt of the Supervisor's original with corrective actions or work with the appropriate Director/Manager(s) for correction at the Administrative office. NOTE: The coordinator receives the original report for the Administrative office inspection.
3. The Coordinator, Health and Safety/Designate, will ensure the Management Inspection Form is received by the JHSC or area representative as appropriate for review and possible recommendations .If recommendations are made, they will be sent to the Executive Director. The Executive Director/Designate shall respond in writing within 21 days. Reply shall be sent to the Coordinator, Health and Safety/Designate, who will forward the response to the area representative or committee members and to the area supervisor or Director for action as required.
4. The Coordinator, Health and Safety/Designate will file the Report in the Master binder located in the main administrative office.

IV. Orientation to Inspections

All Joint Occupational Health and Safety Committee members, Health and Safety Representatives, Supervisors, Managers and Directors will receive training on conducting health and safety inspections prior to commencing any work place inspections. The Coordinator, Health and Safety/Designate will co-ordinate and schedule the training.

V. Injury Prevention Strategies

1. Each March, the Coordinator, Health and Safety/Designate will review the previous year's workplace injury summary, taking into consideration the injury description, cause and prevention solution, work location, etc., in order to develop ongoing prevention strategies in consultation with relevant parties which may include Supervisors, Managers, Health and Safety Representatives, Directors, etc.

VI. Appendices

1. Workplace Inspection Report
2. Checklist (Group Home Locations)
3. Checklist (Administrative Location)
4. Management Inspection Form


RECOMMENDED BY: Manager, Human Resources and
Coordinator, Health and Safety

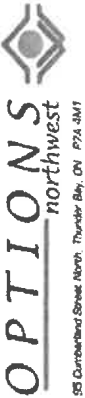
APPENDICES: 4

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources,
Supportive Living Services (all)

ORIGINAL POLICY DATE: November 1992

AUTHORIZED BY: Executive Director

SIGNATURE:  _____



WORKPLACE INSPECTION REPORT

Inspected by Health & Safety Worker Representative

Other _____

Department _____

Date _____

WHITE=original remains in binder
 PINK=forward to H&S Co-ordinator

Please use ink and press hard to ensure all copies are clearly marked.

* See Reverse

Inspection Findings			Description of Corrective Action Group Homes - For Use by Department Supervisor Office - For Use by Applicable Director		Follow up note to pending corrections
Item No.	Hazard Description	Hazard Identification	Correction		
		Unsale Act	Unsale Condition	Made	Pending
Inspected by _____		Signature(s) of Inspector(s)		Signature of Supervisor/Director	

Comments by Inspectors: (ie. discussion with workers regarding health & safety concerns, issues, positive progress)

- OPTIONS NORTHWEST -**HEALTH & SAFETY INSPECTION CHECKLIST
RESIDENTIAL LOCATIONS**

INSPECTOR(S):		LOCATION:
1. _____ PRINT NAME	_____ SIGNATURE	_____
2. _____ PRINT NAME	_____ SIGNATURE	DATE: _____

Below is a list of potential hazards, safety concerns, and /or expected standards to guide you on your inspection. Check off each check point considered and record and prioritize on the inspection report, all safety concerns with a hazard identification rating, including unsafe acts observed and comment on and safety discussions held with staff.

FLOORS:	
<input type="checkbox"/>	Floor coverings are intact (no loose material, broken tiles/flooring, torn rugs, debris)
<input type="checkbox"/>	Flooring is dry
<input type="checkbox"/>	Floor vents are uncovered and secure
<input type="checkbox"/>	Free of tripping hazards (cords, curled rugs etc.)
<input type="checkbox"/>	Baseboards are intact with no sharp edges or edges sticking out
<input type="checkbox"/>	Baseboard heaters free from objects blocking them
STAIRWELLS, HALLWAYS, ENTRANCE /EXITS:	
<input type="checkbox"/>	Clear of obstruction, clutter and disrepair
<input type="checkbox"/>	Handrails are present and secure
<input type="checkbox"/>	Well illuminated
<input type="checkbox"/>	If ramps are present, they are in good repair and secure
<input type="checkbox"/>	If present, automatic door controls are in good repair
<input type="checkbox"/>	If present, exit signs illuminated
MATERIAL/FOOD STORAGE:	
<input type="checkbox"/>	Neatly stored, safely stacked, heavier and frequently used items stored at waist level
<input type="checkbox"/>	Ample room to move amongst stored materials
<input type="checkbox"/>	Dolly, ladder, step ladder and reacher available and in good repair
<input type="checkbox"/>	Push cart available for the storage and transportation of the WISPA lift and cart in good repair
<input type="checkbox"/>	All chemicals, disinfectants, and antiseptics properly stored and labeled

<input type="checkbox"/>	Bio-hazardous materials container available for disposal of used syringes, lancets etc. only
<input type="checkbox"/>	Sharps container available for disposal of sharps (broken glass)
<input type="checkbox"/>	Proper safe food handling being used (frozen meat should be placed on the bottom shelf of the refrigerator on a plate not left on the counter)
<input type="checkbox"/>	Refrigerator temperature should be maintained at or below 4° C (40° F)
<input type="checkbox"/>	Appropriate refrigerator thermometer present and in good repair
<input type="checkbox"/>	All food stored in containers must be off the floor and properly labeled
<input type="checkbox"/>	Food cupboard storage areas, free of food debris and dirt
<input type="checkbox"/>	Sharp objects (knives etc.) stored in an enclosed drawer or cupboard
<input type="checkbox"/>	Medication storage must have a lock in good repair and remain locked when not in use
LIGHTING/ELECTRICAL:	
<input type="checkbox"/>	Appropriate task lighting
<input type="checkbox"/>	Light fixtures and bulbs in good working repair
<input type="checkbox"/>	Extension cords are free of fraying, wire exposure, broken prongs, and do not present a tripping hazard
<input type="checkbox"/>	Outlets are not overloaded
<input type="checkbox"/>	Power bars are used according to manufacturer's guidelines and in good working repair
<input type="checkbox"/>	Electrical switches and outlets have intact covers
<input type="checkbox"/>	Electrical panel must be free from stored items
TEMPERATURE:	
<input type="checkbox"/>	Hot water tank temperature setting not set past 49°C/120°F
<input type="checkbox"/>	Water temperature must not be greater than 49°C/120°F
<input type="checkbox"/>	Thermometer available and in good repair for water testing (candy thermometer can be used)
<input type="checkbox"/>	Temperature of the home thermostat should not be less than 20°C or greater than 26°C
<input type="checkbox"/>	Home air conditioner in good working repair - not set lower than 20°C or greater than 26°C
<input type="checkbox"/>	Supervisor inspection only *check hot water temperature at each tap

VENTILATION/HEATING SYSTEM:	
<input type="checkbox"/>	All vents free from dust build up
<input type="checkbox"/>	Check for record of air conditioning system and furnace inspections every six months by a qualified inspector (2 most recent on file)
<input type="checkbox"/>	Furnace filters are checked and cleaned as per schedule
<input type="checkbox"/>	Vents for furnace rooms must be clean and free of debris
<input type="checkbox"/>	Outdoor furnace room vents (Dacre and St. James Streets) must be clean and free of snow build up
GENERAL GROUP HOME EQUIPMENT:	
<input type="checkbox"/>	Check all furniture for good repair and design (no sharp edges, broken drawers or slider, chairs too low etc.)
<input type="checkbox"/>	Check all equipment is in good working repair and if not ensure that it has been locked out (wheelchairs, lifts, Aquatechs etc.)
<input type="checkbox"/>	All cupboards, drawers etc. closed when not in use
<input type="checkbox"/>	All wall fixtures, book cases, TV mountings etc. are secure
<input type="checkbox"/>	Interior/exterior doors & windows are properly sealed and in good working repair
<input type="checkbox"/>	Check household appliances for cleanliness and in good working repair (e.g. oven, refrigerator)
<input type="checkbox"/>	Clothes dryer vent is free from lint and area behind the dryer is clean
<input type="checkbox"/>	Water taps are in good working repair
<input type="checkbox"/>	All installed fans are in good working repair (bathroom, kitchen etc.)
<input type="checkbox"/>	Chrome push cart castors are inspected and are secure
<input type="checkbox"/>	Check all slings to ensure they are in good condition with no rips or fraying.
SANITATION:	
<input type="checkbox"/>	Washrooms available and in good working repair, disposable towels available for drying hands, liquid soap available
<input type="checkbox"/>	Waterless hand sanitizer available for use
<input type="checkbox"/>	Approved hand washing signs posted at each sink (TBDH unit sign)
<input type="checkbox"/>	Required personal protective equipment available and in good working repair and being used by staff
<input type="checkbox"/>	Staff observing Universal Precautions
<input type="checkbox"/>	Disinfectant available for staff's use when needed

<input type="checkbox"/>	Eyewash station – Monthly inspection done and signed on inspection form
<input type="checkbox"/>	*Supervisor Quarterly Inspection* Eyewash station maintenance completed in January, April, July, October
OUTDOORS:	
<input type="checkbox"/>	Sidewalks, walkways, driveways are free from ice buildup and are in good repair (i.e. free of pot holes, tripping hazards)
<input type="checkbox"/>	Outdoor grounds are free from holes and obstacles
<input type="checkbox"/>	Sand, salt and shovel is readily available in season
<input type="checkbox"/>	Walkways and driveways are well lit
<input type="checkbox"/>	All outdoor lights are in good repair
<input type="checkbox"/>	Outdoor wood decks/fences are free from signs of rotten, loose or broken boards
<input type="checkbox"/>	Garbage containers have tight fitting lids (if being used)
<input type="checkbox"/>	Garbage is being stored in an outdoor shed to prevent animals from destroying the bags
<input type="checkbox"/>	BBQ's inspected prior to use in the spring and have a grease drip can attached
<input type="checkbox"/>	BBQ's are not being placed against any buildings
<input type="checkbox"/>	Check propane tanks, valve must be in off position
<input type="checkbox"/>	BBQ must be kept 2-3 metres away from buildings (6-10 feet)
SECURITY:	
<input type="checkbox"/>	Entry and exit procedures are known to all staff (outside doors are locked)
<input type="checkbox"/>	Workers are aware of on-call protocols when dealing with unwanted people at the door
<input type="checkbox"/>	Workers are aware of the incident reporting procedures
<input type="checkbox"/>	Emergency service numbers posted by the telephone along with address and phone number of group home
FIRE PROCEDURES:	
<input type="checkbox"/>	Check to see fire extinguishers have been checked on a monthly basis and annually by a qualified inspector
<input type="checkbox"/>	Check agency vehicle fire extinguishers
<input type="checkbox"/>	Fire exit plans posted at each exit
<input type="checkbox"/>	Check to see smoke alarms have been tested and recorded
<input type="checkbox"/>	Check to see the monthly fire drill has been completed and recorded
<input type="checkbox"/>	Check Storage Room sprinkler, valve must remain open (Market St.)

<input type="checkbox"/>	*Supervisors quarterly inspection only* Emergency Preparedness Kits – kits are inspected for expired/missing items per the checklist in the Emergency Preparedness plan and re-stocked as necessary.
FIRST AID:	
<input type="checkbox"/>	First Aid kit location is known to all workers
<input type="checkbox"/>	First Aid kit is well stocked according to supplies required under Regulation 1101 (a copy of Regulation 101 must be in the kit)
<input type="checkbox"/>	First Aid kit includes record book for staff to sign when removing supplies from kit
<input type="checkbox"/>	First Aid kit includes a signature sheet to record date of last inspection
<input type="checkbox"/>	First Aid kit includes a CPR mask
<input type="checkbox"/>	Check First Aid agency vehicle kits
<input type="checkbox"/>	Ensure posted copies of Employee First Aid certificates are valid – Note any expired certificates on inspection report
<input type="checkbox"/>	Check expiry date on Naloxone Kits
<input type="checkbox"/>	*Supervisors quarterly inspection only* Ensure all required First Aid Certificates for staff working at the location are posted and valid and ensure Road Safety Kits are in use, re: check sign-in sheet
HEALTH AND SAFETY POSTINGS/DOCUMENTATION:	
<input type="checkbox"/>	OPTIONS Occupational Health and Safety policy, HR-XI-1, is posted
<input type="checkbox"/>	OPTIONS No Smoking policy, HR-III-9, is posted
<input type="checkbox"/>	OPTIONS NORTHWEST Workplace Violence Prevention Policy, HR-XI-23, is posted
<input type="checkbox"/>	OPTIONS NORTHWEST Harassment Prevention Policy, HR-III-19, is posted
<input type="checkbox"/>	WSIB Poster – Form 82, In Case of Injury at Work, is posted
<input type="checkbox"/>	Occupational Health and Safety Act is posted
<input type="checkbox"/>	Emergency Preparedness plan is posted
<input type="checkbox"/>	Ministry of Labour reports posted (if applicable)
<input type="checkbox"/>	Work Area Health and Safety Representative list is posted
<input type="checkbox"/>	Hazard Analysis is posted
<input type="checkbox"/>	MSDS binder is available
<input type="checkbox"/>	Health and Safety board is neat and free of clutter
<input type="checkbox"/>	ESA poster is posted
<input type="checkbox"/>	Regulation 1101 is posted

<input type="checkbox"/>	Health & Safety at Work – Prevention Starts Here posted
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- OPTIONS NORTHWEST -
HEALTH & SAFETY INSPECTION CHECKLIST
ADMINISTRATIVE OFFICE

POLICY HR-XI-2
APPENDIX C

INSPECTOR(S): 1. _____ <div style="display: flex; justify-content: space-around; width: 100%;"> PRINT NAME SIGNATURE </div> 2. _____ <div style="display: flex; justify-content: space-around; width: 100%;"> PRINT NAME SIGNATURE </div>	LOCATION: _____ DATE: _____
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Below is a list of potential hazards, safety concerns, and /or expected standards to guide you on your inspection. Check off each check point considered and record and prioritize on the inspection report, all safety concerns with a hazard identification rating, including unsafe acts observed and comment on and safety discussions held with staff.

FLOORS:	
<input type="checkbox"/>	Broken tiles, loose material, torn rugs, debris
<input type="checkbox"/>	Wet, oily, slippery
<input type="checkbox"/>	Vents are uncovered and secure
<input type="checkbox"/>	Free of tripping hazards – i.e. cords, etc.
STAIRWELLS, HALLWAYS, ENTRANCE /EXITS:	
<input type="checkbox"/>	Clear of obstruction, clutter and disrepair
<input type="checkbox"/>	Handrails are present and secure
<input type="checkbox"/>	Well illuminated
<input type="checkbox"/>	Exit signs illuminated
MATERIAL STORAGE:	
<input type="checkbox"/>	Neatly stored, safely stacked, heavier items stored at waist level
<input type="checkbox"/>	Ample room to move amongst stored materials
<input type="checkbox"/>	Dolly, ladder, readily available and in good repair
<input type="checkbox"/>	All chemicals, disinfectants, and antiseptics properly stored and labeled
<input type="checkbox"/>	Sharps objects properly stored
<input type="checkbox"/>	Sharps container available for proper disposal
LIGHTING/ELECTRICAL:	
<input type="checkbox"/>	Appropriate task lighting
<input type="checkbox"/>	Light fixtures and bulbs in good working repair

<input type="checkbox"/>	Extension cords are free of fraying, wire exposure, broken prongs, and do not present a tripping hazard
<input type="checkbox"/>	Outlets are not overloaded
<input type="checkbox"/>	Electrical switches and outlets have intact covers
<input type="checkbox"/>	Annual record of inspection for elevator
<input type="checkbox"/>	Check Cumberland Emergency Light Test Record to show monthly testing and discharging every 3 months
TEMPERATURE:	
<input type="checkbox"/>	Refrigerator temperature should be maintained at or below 4°C (40°F)
<input type="checkbox"/>	Tap water temperature – should not be immediately burning hot
<input type="checkbox"/>	Office temperature is comfortable, no less than 18°C
GENERAL OFFICE & OFFICE EQUIPMENT:	
<input type="checkbox"/>	Check all furniture and equipment for good repair and design – no sharp edges, level surfaces, no broken or loose legs, etc.
<input type="checkbox"/>	Inquire regarding office ergonomics – i.e. keyboard elevation, chair height, etc.
<input type="checkbox"/>	Cabinet, desk, and file cabinet drawers/doors closed when not in use
<input type="checkbox"/>	Wall fixtures, book cases, shelving is secure
<input type="checkbox"/>	Personal protective equipment is available as required – i.e. gloves
<input type="checkbox"/>	Interior and exterior windows and doors are properly sealed, with working hardware
<input type="checkbox"/>	Chrome pushcart castors inspected and secure
SANITATION:	
<input type="checkbox"/>	Washrooms available and in good working order
<input type="checkbox"/>	Potable water available
<input type="checkbox"/>	Approved hand washing signs posted at each sink (TBDH unit sign)
<input type="checkbox"/>	Lunchroom facilities
<input type="checkbox"/>	Hand soap and proper toweling available near all sink areas
<input type="checkbox"/>	Waterless hand sanitizer available for use
<input type="checkbox"/>	Eye-wash station: <ul style="list-style-type: none"> • Completed inspection checklist, date, initial tag, and letter initial • Check tag for weekly date, initials, and letter initial
VENTILATION/HEATING SYSTEM:	
<input type="checkbox"/>	All vents free from dust build up

OUTDOORS:	
<input type="checkbox"/>	Sidewalks, walkways, and parking lots are free from ice buildup and are in good repair (i.e. free of pot holes, tripping hazards)
<input type="checkbox"/>	Sand, salt and shovel is readily available in season
<input type="checkbox"/>	Walkways and parking lots are well lit
<input type="checkbox"/>	All outdoor lights are in good repair
SECURITY:	
<input type="checkbox"/>	Workers are aware of office hours and after-hours on-call protocols and incident reporting procedures
<input type="checkbox"/>	Emergency service numbers posted at Reception, in the Lunch Room. All other telephones have a telephone directory with emergency service numbers listed
FIRE PROCEDURES:	
<input type="checkbox"/>	Check and record fire alarm system testing once a month
<input type="checkbox"/>	Check fire extinguisher monthly for proper pressure – needle gauge in green zone and check date to ensure annual inspection
<input type="checkbox"/>	Fire exit plans posted at each exit
<input type="checkbox"/>	Check for record of fire evacuation testing
<input type="checkbox"/>	Check, record, and discharge emergency lighting once a month
<input type="checkbox"/>	* H&S Committee Quarterly Inspection Only * Emergency Preparedness Kits – kits are inspected for expired/missing items per the checklist in the Emergency Preparedness plan and re-stocked as necessary.
FIRST AID:	
<input type="checkbox"/>	First Aid station location is clearly marked
<input type="checkbox"/>	First Aid kit includes record book for staff to sign when removing supplies from kit
<input type="checkbox"/>	First Aid kit includes a signature sheet to record date of last inspection (quarterly)
<input type="checkbox"/>	First Aid kit includes a CPR mask
<input type="checkbox"/>	Kit contains a copy of Regulation 1101
<input type="checkbox"/>	SDS binder is available and location is known to staff
<input type="checkbox"/>	Check expiry date on Naloxone Kits
<input type="checkbox"/>	* H&H Committee Quarterly Inspection Only* Ensure all required First Aid Certificates for staff working at the location are posted and valid and check Road Safety Kits for (a) use, and (b) replenishment of supplies
HEALTH AND SAFETY POSTINGS/DOCUMENTATION:	
<input type="checkbox"/>	OPTIONS Occupational Health and Safety policy, HR-XI-1, is posted
<input type="checkbox"/>	OPTIONS No Smoking policy, HR-III-9, is posted

<input type="checkbox"/>	OPTIONS NORTHWEST Workplace Violence Prevention Policy, HR-XI-23, is posted
<input type="checkbox"/>	OPTIONS NORTHWEST Harassment Prevention Policy, HR-III-19, is posted
<input type="checkbox"/>	WSIB Poster – Form 82, In Case of Injury at Work, is posted
<input type="checkbox"/>	Occupational Health and Safety Act is posted
<input type="checkbox"/>	Emergency Preparedness plan is posted
<input type="checkbox"/>	Ministry of Labour reports posted (if applicable)
<input type="checkbox"/>	JHSC member listing is posted
<input type="checkbox"/>	JHSC meeting minutes are posted – most recent meeting
<input type="checkbox"/>	Hazard Analysis is posted
<input type="checkbox"/>	Health and Safety board is neat and free of clutter
<input type="checkbox"/>	ESA poster is posted
<input type="checkbox"/>	Regulation 1101 is posted
<input type="checkbox"/>	Health & Safety at Work – <i>Prevention Starts Here</i> poster is posted

**- OPTIONS NORTHWEST -
HEALTH AND SAFETY
MANAGEMENT INSPECTION FORM**

POLICY: HR-XI-2
APPENDIX D

Work Location: _____ Date of Inspection: _____

SPECIFIC WORK AREA INSPECTED: (i.e. Kitchen, Bathroom, etc)

HAZARDS /POTENTIAL HAZARDS OBSERVED:

OBSERVATION OF TASKS PERFORMED:

Was any specific worker task observed? YES NO

If YES, specify task observed:

Was there a discussion with the worker regarding any task procedure? YES NO

If YES, specify:

Did worker(s) have any Health & Safety concerns? YES NO

If YES, specify:

Recommendations/Comments:

Signature of Inspector(s): _____

LEAVE ORIGINAL FOR SUPERVISOR AND RETURN COPY TO HEALTH & SAFETY COORDINATOR

DATE RECEIVED BY SUPERVISOR: _____

Action Taken

Supervisor's Signature _____ Date _____

see over

HEALTH & SAFETY COORDINATOR ACTION:

DATE COPY RECEIVED: _____

DATE SUPERVISOR ORIGINAL RECEIVED: _____

Cumberland Only:

DATE REVIEWED AT JHSC MEETING: _____

Residential Locations Only:

DATE FAXED TO AREA HEALTH & SAFETY REPRESENTATIVE: _____

JHSC/AREA REPRESENTATIVE RECOMMENDATIONS TO EXECUTIVE DIRECTOR: YES NO

JHSC Member's Signature: _____ Date: _____

EXECUTIVE DIRECTOR ACTION:

Reviewed by Executive Director

Signature

Date

Response to Recommendations

Below

Attached

N/A
