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**Inspection Report**

**Template**





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| *Employer Name/Logo* | **OHC Inspection Report - template**  **purpose:**  the report will assist the occupational health committee (OHC) and the employer to assess the hazards identified during an inspection and guide them to an action to meet a standard  **guidelines:**   * enhance this template to suit the OHC’s needs so that it will provide a clear picture of the hazard and that the desired controls are well communicated * the report captures the information obtained from the inspection checklist * ensure the hazard to the employee is clearly identified and explained * all recommended actions are to be based on the referenced standards (e.g., Canadian Standard Agency, Universal Precautions and infection control, fire code, policy/procedure, legislation, manufacturer guidelines, etc.) * OHC co-chairpersons should discuss the recommendations with the employer/manager   **distribution and retention:**   * a copy of the report would be provided to the manager responsible for the inspected area, posted on the OHC bulletin board * the report is retained and used for various purposes including tracking progress, an injury claim, investigation, by occupational health officers   **additional:**   * assign an OHC member to ongoing follow-up of a concern and to report back to the OHC until the concern is resolved * attach copy of the inspection checklist, thank you letter and other relevant documentation |
| Elements of the Safety Management System | 1. Management and Leadership  2. Hazard Identification and Control  3. Training and Communication  4. Inspections  5. Incident Reporting and Investigation  6. Emergency Response |

**Inspection Report**

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| Date: |  | Site: |  | Department: |  | Manager: |  |

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| Date of Inspection: |  | |  |
| Date Inspection Report provided to manager: | |  | |

**Key** **for Verification**: D=documentation O=observation I=interview/informal chat with employee

**Risk Matrix**:



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| **Actual Harm Rating** | **Description** |
| **1 Minor** | An incident that has contacted or affected a patient/worker and resulted in no injury or minor injury/haram requiring minimal intervention or first aid. |
| **2 Moderate** | Harm/Injury which requires professional or medical treatment beyond first aid. |
| **3 Major** | Harm/injury resulting in physical and/or emotional harm and lessening of bodily function. Temporary loss of function. Long term incapacity/disability. |
| **4 Severe** | Death or significant harm resulting in irreversible complications including permanent major loss of function. |

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| **Frequent** | Possibility of repeated occurrence (daily, weekly or monthly) |
| **Occasional** | Possibility of occurrence (several times in 1 to 2 years) |
| **Uncommon** | Possibility of isolated occurrence (2 to 5 years) |
| **Remote** | Not likely to occur (may happen outside of 5 years) |

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|  |  |  | | |  |  |  | For Future Follow-up | |  |
| Hazard(s) Identified | Risk  matrix  score | Verification | | | * Reference (e.g., standard/Act/ regulations, etc.) * Recommendation for correction action (short and/or long term) based on that reference | Person(s) responsible | Completion Target Date | OHC member responsible | Date | Comments |
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