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| *Employer Name/Logo* | **OHC Inspection Checklist - template**  guidelines:   * enhance this template to suit the department/area, etc., that is being inspected as this list is not all-inclusive * reference standards (e.g., Canadian Standard Agency, Universal Precautions and infection control, fire code, policy/procedure, legislation, manufacturer guidelines, etc.) * the first time you use this template, capture department specific information and equipment (this will assist you the next time this area is being inspected; you can continue to add to this checklist for that area) * save this template for the area you’re inspecting (e.g., Inspection Checklist for Dietary, Inspection Checklist for Maintenance) * recommendations would be based on standard(s) referenced * *Occupational Health and Safety Regulations, 2020*, frequently referenced are provided (refer to 2 last pages) |
|  | **Steps in Preparing for an Inspection**   * Select an area to inspect (e.g., sterile processing, Unit A, crawl spaces) * Enhance this template to suit the area being inspected * Notify the manager in advance so that they can prepare to provide the following (specific for their department/area being inspected), or indicate where the following is retained: * Documented department specific safe work polices, practices and procedures and job safety analysis (JSA) * Guidelines on procedures and programs (e.g., WHMIS, TLR) * Have copies of incident reports (e.g., incident report binder) that have occurred in the area, along with completed root cause investigation, corrective action plan and implementation of that plan * Have copies of inspection reports for the past year. The reason for this is so you can see if any follow-up action or recommendations have been done. It shows that previous inspections have been completed at least once each year. * Equipment list and manufacturer’s user manual for each piece of equipment (if in the maintenance area, the manufactures’ service manual) * Orientation checklist (sample of form and sample of one completed) * Training records for programs that are used (e.g., WHMIS, TLR, Power Mobile) * The emergency response codes and guidelines (e.g., code red, code brown, code white, etc.)   **Following the Inspection**   * Draft a letter of thanks to the manager/department for participating in the inspection and for the corrective actions taken from previous inspection reports * Let the manager know that the OHC is available to assist with understanding standards that are to be met * Follow the procedures for documentation as per your OHC training |
| 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 Checklist**

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

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| Inspected by: | Name:: |  | Title: |  | Phone #: |  |
|  | Name: |  | Title: |  | Phone #: |  |

Keys:

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

for Status: C=complete PC=partially complete AR=attention required

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| **General Appearance of Area** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| lighting |  |  |  |  |  |  |  |  |  |
| noise |  |  |  |  |  |  |  |  |  |
| thermal conditions |  |  |  |  |  |  |  |  |  |
| entrances/exits |  |  |  |  |  |  |  |  |  |
| clutter |  |  |  |  |  |  |  |  |  |
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| **Safety Rules** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| three rights |  |  |  |  |  |  |  |  |  |
| rules |  |  |  |  |  |  |  |  |  |
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| **Polices, Safe Operating Procedure, Job Safety Analysis (linked to ergonomics of the task)** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
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| **Incident Reports and Follow-up** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| incident report binder |  |  |  |  |  |  |  |  |  |
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| **Department Specific Orientation Binder** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
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| **Safety Talk Binder (with employee initial)** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
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| **Training** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| TLR |  |  |  |  |  |  |  |  |  |
| WHMIS |  |  |  |  |  |  |  |  |  |
| Power Mobile Equipment |  |  |  |  |  |  |  |  |  |
| PART |  |  |  |  |  |  |  |  |  |
| Safety for Supervisors |  |  |  |  |  |  |  |  |  |
| Biological hazards (Universal Precautions) |  |  |  |  |  |  |  |  |  |
| Protection against falling |  |  |  |  |  |  |  |  |  |
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| **Equipment** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| carts/dolly |  |  |  |  |  |  |  |  |  |
| beds |  |  |  |  |  |  |  |  |  |
| patient lifts |  |  |  |  |  |  |  |  |  |
| wheelchairs |  |  |  |  |  |  |  |  |  |
| mixers |  |  |  |  |  |  |  |  |  |
| med carts |  |  |  |  |  |  |  |  |  |
| slings |  |  |  |  |  |  |  |  |  |
| sharps container |  |  |  |  |  |  |  |  |  |
| protection against falling |  |  |  |  |  |  |  |  |  |
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| **Equipment Manuals** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| carts/dolly |  |  |  |  |  |  |  |  |  |
| beds |  |  |  |  |  |  |  |  |  |
| patient lifts |  |  |  |  |  |  |  |  |  |
| wheelchairs |  |  |  |  |  |  |  |  |  |
| mixers |  |  |  |  |  |  |  |  |  |
| med carts |  |  |  |  |  |  |  |  |  |
| slings |  |  |  |  |  |  |  |  |  |
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| **Department Maintenance Log Book** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| carts/dolly |  |  |  |  |  |  |  |  |  |
| beds |  |  |  |  |  |  |  |  |  |
| patient lifts |  |  |  |  |  |  |  |  |  |
| wheelchairs |  |  |  |  |  |  |  |  |  |
| mixers |  |  |  |  |  |  |  |  |  |
| med carts |  |  |  |  |  |  |  |  |  |
| ventilation & heating system |  |  |  |  |  |  |  |  |  |
| lock out system |  |  |  |  |  |  |  |  |  |
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| **Personal Protective Equipment** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| gloves |  |  |  |  |  |  |  |  |  |
| face shield |  |  |  |  |  |  |  |  |  |
| gowns |  |  |  |  |  |  |  |  |  |
| oven mitts |  |  |  |  |  |  |  |  |  |
| rubber boots |  |  |  |  |  |  |  |  |  |
| respirator |  |  |  |  |  |  |  |  |  |
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| **Emergency Response (Preparedness)** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| codes |  |  |  |  |  |  |  |  |  |
| procedure |  |  |  |  |  |  |  |  |  |
| Carbon Monoxide detectors |  |  |  |  |  |  |  |  |  |
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| **Communication** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
| D | O | I |
| communication book |  |  |  |  |  |  |  |  |  |
| OHC bulletin board |  |  |  |  |  |  |  |  |  |
| staff room bulletin boards |  |  |  |  |  |  |  |  |  |
| posting of harassment policy |  |  |  |  |  |  |  |  |  |
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| **Other** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
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| **Other** | | | | | | | | | | |
| Item | 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 | Target/ completion date | Status  (C, PC, AR) | Date of follow-up |
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| Comments: | | | | | | | | | |

***Occupational Health and Safety Regulations, 2020* (frequently used)**

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| **Notice Requirements** | **Part 2** |
| Accidents causing serious bodily harm | Regulation 2-2 |
| Dangerous occurrence | Regulation 2-3 |
| **General Duties** | **Part 3** |
| General duties of an employer | Regulation 3-1 |
| General duties of an employer | Regulation 3-1(d) |
| General duties of a worker | Regulation 3-2 |
| Supervision of a worker | Regulation 3-6 and 31-3 |
| Duty to inform workers | Regulation 3-7 |
| Training of a worker | Regulation 3-8 |
| Occupational Health & safety program | Regulation 3-11 |
| Maintenance and repair of equipment | Regulation 3-14 |
| Working Alone | Regulation 3-24 |
| Harassment | Regulation 3-25 |
| Harassment | Regulation 3-25(2)(b) |
| Violence | Regulation 3-26 |
| **General Health Requirements** | **Part 6** |
| Sanitation | Regulation 6-1 |
| Ventilation and air supply | Regulation 6-2 |
| Mechanical ventilation | Regulation 6-3 |
| Mechanical ventilation (carbon monoxide detectors) | Regulation 6-3(3)(b) |
| Cleaning and maintenance of equipment space | Regulation 6-4 |
| Lighting | Regulation 6-6 |
| Thermal condition | Regulation 6-7 |
| Clothing | Regulation 6-10 |
| Change and shower facilities | Regulation 6-11 |
| Lifting and handling loads | Regulation 6-15 |
| Musculoskeletal injuries | Regulation 6-18 |
| Shift work | Regulation 6-19 |
| Universal precautions | Regulation 6-22(3)(f)(v) |
| **PPE** | **Part 7** |
| Use of equipment | Regulation 7-1 and 7-2 |
| Respiratory devices | Regulation 7-3 and 7-4 |
| Eye and face protection | Regulation 7-8 |
| Skin protection | Regulation 7-9 |
| Lower body protection | Regulation 7-10 |
| Footwear | Regulation 7-11 |
| **Safeguards, Storage, Warning Signs & Signals** | **Part 9** |
| Protection against Falling | Regulation 9-2 |
| **Machine Safety** | **Part 10** |
| Safeguards | Regulation 10-4 |
| Locking out | Regulation 10-6 |
| **Power Mobile Equipment** | **Part 11** |
| Trained operators for power mobile equipment | Regulation 11-2 and Table 11 |
| Visual inspection | Regulation 11-3 |
| Inspection and maintenance | Regulation 11-4 |
| **Rigging** | **Part 14** |
| Slings | Regulation 14-5 |
| **Entrance, Exit, and Ladders** | **Part 16** |
| Ladders | Regulation 16-5 |
| Portable ladders | Regulation 16-6 |
| Use of portable ladders | Regulation 16-7 |
| **Workplace Hazardous Materials Information System** | **Part 22** |
| Worker education and training | Regulation 22-4 |
| Supplier label | Regulation 22-5 |
| Workplace label for decanted products | Regulation 22-7 |
| Availability of Safety Data Sheet | Regulation 22-13 |
| **Asbestos** | **Part 23** |
| Inspection | Regulation 23-7 |
| Asbestos processes | Regulation 23-8 |
| Asbestos surface | Regulation 23-9 |
| **Fire and Explosion Hazard** | **Part 25** |
| Fire safety plan | Regulation 25-2 |
| Fire extinguishers | Regulation 25-3 |
| Garbage as a fire hazard | Regulation 25-4 |
| **Additional Protection for health care workers** | **Part 31** |
| Additional requirements re supervisors in health care facilities | Regulation 31-3 |
| Patient moving and handling | Regulation 31-4 |
| Waste | Regulation 31-6 |
| Equipment contaminated with waste | Regulation 31-7 |
| Waste needles | Regulation 31-8 |
| Injury log | Regulation 31-10 |