

## WORK AREA INSPECTION REPORT (ROUTINE)

Project:	Date:	Time on site: <input type="checkbox"/> AM <input type="checkbox"/> PM
Last inspection:		Time off site: <input type="checkbox"/> AM <input type="checkbox"/> PM
Supervisor:	Contact:	
Weather conditions:	Number of workers:	
Current scope of work:		
<b>1. General Safety</b>	a <input type="checkbox"/> Housekeeping b <input type="checkbox"/> Protruding equipment/hardware c <input type="checkbox"/> Adequate illumination d <input type="checkbox"/> Engineer drawings e <input type="checkbox"/> First Aid attendant f <input type="checkbox"/> Treatment record book	g <input type="checkbox"/> Signage h <input type="checkbox"/> Overhead hazards i <input type="checkbox"/> Excavations j <input type="checkbox"/> Guardrails in place k <input type="checkbox"/> First Aid Supplies l <input type="checkbox"/> WCB Form 7
<b>2. Access &amp; Egress</b>	a <input type="checkbox"/> Stairwells lighting/clear/railings	b <input type="checkbox"/> Loading Zone
<b>3. PPE</b>	a <input type="checkbox"/> Hard hats b <input type="checkbox"/> Safety footwear c <input type="checkbox"/> Safety glasses	d <input type="checkbox"/> Hearing protection e <input type="checkbox"/> Respirator/dust masks f <input type="checkbox"/> Safety harness
<b>4. Ladders</b>	a <input type="checkbox"/> Secured top or bottom b <input type="checkbox"/> In good repair	c <input type="checkbox"/> 3' above platform d <input type="checkbox"/> Suitability
<b>5. Scaffold</b>	a <input type="checkbox"/> Suitability b <input type="checkbox"/> Firm Base/Wheels locked c <input type="checkbox"/> Scaffold Installation	d <input type="checkbox"/> All braces on e <input type="checkbox"/> All connections on f <input type="checkbox"/> Planks
<b>6. Tools &amp; Equipment</b>	a <input type="checkbox"/> Power saws b <input type="checkbox"/> Drills c <input type="checkbox"/> Proper Tool Use	d <input type="checkbox"/> Chipping Hammers e <input type="checkbox"/> Hand tools f <input type="checkbox"/> Tool Condition
<b>7. Electrical Safety</b>	a <input type="checkbox"/> Temp. power distribution b <input type="checkbox"/> Assured grounding program c <input type="checkbox"/> Lockout program	d <input type="checkbox"/> Power cords e <input type="checkbox"/> Hi-Voltage Hazard f <input type="checkbox"/> Hi-voltage line protection
<b>8. Fire Prevention</b>	a <input type="checkbox"/> Fire extinguishers	c <input type="checkbox"/> Exits clear
<b>9. WHMIS</b>	a <input type="checkbox"/> Labels on controlled products b <input type="checkbox"/> MSDS sheets up to date	c <input type="checkbox"/> MSDS for products d <input type="checkbox"/> Worker training
<b>10. Safety Program</b>	a <input type="checkbox"/> Following of all applicable rules b <input type="checkbox"/> Safety Manual On Site c <input type="checkbox"/> Orientations up to date	e <input type="checkbox"/> Site specific SWP f <input type="checkbox"/> Training g <input type="checkbox"/> Record Keeping
<b>11. Fall Protection</b>	a <input type="checkbox"/> Fall Protection/Arrest being used b <input type="checkbox"/> Use of control zones	c <input type="checkbox"/> Anchors suitable for application d <input type="checkbox"/> Equipment inspections e <input type="checkbox"/> Barricades
<b>12. Mobile Equipment</b>	a <input type="checkbox"/> Operator qualified b <input type="checkbox"/> Use of fall protection	c <input type="checkbox"/> Daily Inspection d <input type="checkbox"/> Safety devices in place

 Compliant/Meets the standard

 Needs Attention (note below)

 Not applicable/Not Observed

Topic & Area Inspected (e.g. 1a NE corner level 3)	Rating	UNSAFE ACT/CONDITION (e.g. materials not stored safely)	Who is responsible	CORRECTED (see notes)
				OY ON
				OY ON
				OY ON
				OY ON
				OY ON
				OY ON
				OY ON

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Topic & Area Inspected <small>(e.g. 1a NE corner level 3)</small>	Rating	UNSAFE ACT/CONDITION <small>(e.g. materials not stored safely)</small>	Who is responsible	CORRECTED <small>(see notes)</small>
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
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				☐Y ☐N
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				☐Y ☐N
				☐Y ☐N
				☐Y ☐N
				☐Y ☐N

Rating: ❶ – Stop work and address the situation immediately  
 ❷ – Address within 24 hours  
 ❸ – Address within 72 hours

Safety concern raised	Raised by	Referred to	Follow-up <small>(by who/by date)</small>

Supervisor Signature
Inspector
Signature
Date

**Notes:** \_\_\_\_\_

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