Inspection WORKSHEET

Retain a copy of this document. Larger areas can be divided and inspected separately.

INSPECTION INFORMATION

DATE: *(yyyy-mm-dd)* TIME:

FACILITY:

DEPARTMENT:

NAME:

TYPE OF INSPECTION

- ☐ Regular
- ☐ Incident
- ☐ New/Renovated Area

Previous Inspection Reviewed?

- ☐ Yes
- ☐ No

INSPECTION TEAM:

Name	Position	Name	Position

PRIORITY RANKING

High (H): A serious risk that is immediately dangerous to life and health. Action must be taken immediately.

Moderate (M): A medium risk item which has caused injury or loss in the past. Address as soon as possible.

Low (L): A potential hazard that should be corrected as part of a proactive strategy to prevent potential injury/loss.

1. GENERAL		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are all areas in good condition with no repairs needed?	☐ Y ☐ N ☐ N/A		
Are all floors free of slip, trip and fall hazards?	☐ Y ☐ N ☐ N/A		
Is flooring in good condition, firm and secure? Free from raised edges or bumps that interfere with rolling equipment?	☐ Y ☐ N ☐ N/A		
Are all areas clean, uncluttered and organized?	☐ Y ☐ N ☐ N/A		
Is all lighting functioning and adequate for the work being done?	☐ Y ☐ N ☐ N/A		
Are noise levels acceptable (e.g. can normal conversation be heard)?	☐ Y ☐ N ☐ N/A		

1. GENERAL

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are room temperatures appropriate (e.g. not too hot, too cold)?	☐ Y ☐ N ☐ N/A		
Are wall-mounted items positioned to avoid bump and bang hazards?	☐ Y ☐ N ☐ N/A		
Are any construction spaces well segregated and hoarded?	☐ Y ☐ N ☐ N/A		
Are ceiling tiles and walls free of stains or indications of water leaks?	☐ Y ☐ N ☐ N/A		
Are all control measures in place for radiation exposure?	☐ Y ☐ N ☐ N/A		
Is the hazard assessment completed and available?	☐ Y ☐ N ☐ N/A		
Are any violence risks and controls identified on the hazard assessment?	☐ Y ☐ N ☐ N/A		

2. HALLWAYS & EXITS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are traffic mirrors present at the appropriate locations?	☐ Y ☐ N ☐ N/A		
Is hallway lighting adequate?	☐ Y ☐ N ☐ N/A		
Is emergency lighting in place and in working order?	☐ Y ☐ N ☐ N/A		
Are hall rails (if present) undamaged and securely fastened to the wall?	☐ Y ☐ N ☐ N/A		
Are emergency powered (red) electrical outlets available?	☐ Y ☐ N ☐ N/A		
Is there adequate space to move equipment through doors/halls?	☐ Y ☐ N ☐ N/A		
Are exits illuminated, clearly marked, unobstructed, and accessible?	☐ Y ☐ N ☐ N/A		
Do exits open easily and in the direction of travel?	☐ Y ☐ N ☐ N/A		
Do entrances/exits lock at their appropriate times?	☐ Y ☐ N ☐ N/A		

3. STAIRWELLS & ELEVATORS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are traffic mirrors present at the appropriate locations?	☐ Y ☐ N ☐ N/A		
Are patient slides available? Are they secure? Have the slides been tested?	☐ Y ☐ N ☐ N/A		

3. STAIRWELLS & ELEVATORS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are stair handrails present? Are they secure?	☐ Y ☐ N ☐ N/A		
Are exits illuminated, clearly marked, unobstructed, and accessible?	☐ Y ☐ N ☐ N/A		
Is stairwell emergency lighting in place and in working order?	☐ Y ☐ N ☐ N/A		
Is the stairwell free of any slip, trip or fall hazards?	☐ Y ☐ N ☐ N/A		
Are elevators level to floor? Do the doors allow safe entry and exit?	☐ Y ☐ N ☐ N/A		
Are appropriate floors locked or is the elevator locked at appropriate times?	☐ Y ☐ N ☐ N/A		

4. EQUIPMENT

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Is there sufficient storage space for equipment?	☐ Y ☐ N ☐ N/A		
Are ladders and/or step stools available to access heights? Is the step stool equipped with handrail?	☐ Y ☐ N ☐ N/A		
Are equipment and cords in good condition and secured correctly?	☐ Y ☐ N ☐ N/A		
Are carts/carriers/lifts available to move large/heavy/awkward loads?	☐ Y ☐ N ☐ N/A		
Are appropriate physical safeguards in place for equipment?	☐ Y ☐ N ☐ N/A		
Are workers trained on equipment used?	☐ Y ☐ N ☐ N/A		
Are manufacturer's specifications for equipment available and followed?	☐ Y ☐ N ☐ N/A		

5. WASHROOMS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are amenities (sink, toilet, grab bars, dispensers) working and secure?	☐ Y ☐ N ☐ N/A		
Is the call bell in working order? Is it accessible?	☐ Y ☐ N ☐ N/A		
Do the washroom doors open and close smoothly? Do the doors swing outwards? Is the door lock working?	☐ Y ☐ N ☐ N/A		

6. WORKSTATIONS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are workstation chairs able to be adjusted to assist with posture?	☐ Y ☐ N ☐ N/A		
Is furniture and office equipment ergonomic/set up ergonomically?	☐ Y ☐ N ☐ N/A		
Are the monitor height and keyboard positions adjustable?	☐ Y ☐ N ☐ N/A		
Can a mouse and keyboard fit side by side?	☐ Y ☐ N ☐ N/A		
Are anti-fatigue mats present if workers stand for long periods?	☐ Y ☐ N ☐ N/A		
Is a phone headset available if required?	☐ Y ☐ N ☐ N/A		
Is there sufficient storage space within the workstation?	☐ Y ☐ N ☐ N/A		
Is the area set up to avoid reaching, lifting, awkward positions, etc.?	☐ Y ☐ N ☐ N/A		

7. PATIENT CARE AREAS

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are all required call buttons present and in working order?	☐ Y ☐ N ☐ N/A		
Are garbage and biohazard waste containers in place?	☐ Y ☐ N ☐ N/A		
Are sharps containers available, wall-mounted at the appropriate height, not above garbage bins, and not overfilled?	☐ Y ☐ N ☐ N/A		
Do room doors open/close smoothly and do they lock (if required)?	☐ Y ☐ N ☐ N/A		
Do doors and drawers open smoothly?	☐ Y ☐ N ☐ N/A		
Are patient lifts available and working with load capacities clearly labelled?	☐ Y ☐ N ☐ N/A		
Is there enough space in rooms to transfer patients between equipment?	☐ Y ☐ N ☐ N/A		
Is the area designed to avoid reaching, awkward positions, etc.?	☐ Y ☐ N ☐ N/A		
Are power outlets installed at a height to allow access without bending?	☐ Y ☐ N ☐ N/A		

8. IPC & PPE

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Where applicable, can surfaces be easily cleaned/disinfected?	☐ Y ☐ N ☐ N/A		
Are hand hygiene sinks/alcohol-based hand rubs (ABHR) available?	☐ Y ☐ N ☐ N/A		
Are any ABHR dispensers hung at an appropriate height and not directly above outlets or heaters?	☐ Y ☐ N ☐ N/A		
Is appropriate PPE available? Are there an adequate range of sizes?	☐ Y ☐ N ☐ N/A		
Is there enough room for donning/doffing?	☐ Y ☐ N ☐ N/A		
Is there signage indicating the required PPE for the work area?	☐ Y ☐ N ☐ N/A		
Are glove dispensers mounted? Are they stocked with various sizes?	☐ Y ☐ N ☐ N/A		
Is PPE storage adequate and in close proximity to where work is done?	☐ Y ☐ N ☐ N/A		

9. STORAGE & WASTE DISPOSAL

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are materials stored properly?	☐ Y ☐ N ☐ N/A		
Is there a clear pathway in storage areas to access and move items?	☐ Y ☐ N ☐ N/A		
Are shelves and cabinets secured to walls where necessary?	☐ Y ☐ N ☐ N/A		
Are chemicals stored in appropriate designated storage areas/containers?	☐ Y ☐ N ☐ N/A		
Is there adequate signage to warn of chemical hazards?	☐ Y ☐ N ☐ N/A		
Is there proper signage indicating the purpose of each waste receptacle?	☐ Y ☐ N ☐ N/A		
Are there suitable containers for chemical wastes and are they being used appropriately?	☐ Y ☐ N ☐ N/A		
Are WHMIS labels affixed to all containers of hazardous products?	☐ Y ☐ N ☐ N/A		
Is a chemical and/or flammable storage cabinet available?	☐ Y ☐ N ☐ N/A		
Are corrosive chemicals stored below eye level?	☐ Y ☐ N ☐ N/A		
Are there secondary containment provisions for chemical storage (e.g. spill tray)?	☐ Y ☐ N ☐ N/A		

9. STORAGE & WASTE DISPOSAL

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Do areas using and/or storing chemicals have a spill kit?	☐ Y ☐ N ☐ N/A		
Are compressed gas units stored and secured properly?	☐ Y ☐ N ☐ N/A		
If automatic chemical dispensers are present, are they in working order?	☐ Y ☐ N ☐ N/A		
Is a chemical inventory kept for the work area?	☐ Y ☐ N ☐ N/A		
Have all employees completed WHMIS training in the last 3 years?	☐ Y ☐ N ☐ N/A		
Are current SDSs kept for all hazardous products and accessible?	☐ Y ☐ N ☐ N/A		
Are ventilation systems working? Is local exhaust ventilation installed where required?	☐ Y ☐ N ☐ N/A		
Are any carbon monoxide alarms in working order and tested regularly?	☐ Y ☐ N ☐ N/A		

10. EMERGENCY RESPONSE

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Is the overhead paging system in working order?	☐ Y ☐ N ☐ N/A		
Are there duress alarms? Are they appropriately located and working?	☐ Y ☐ N ☐ N/A		
Is there a process in place for proper response to duress alarms?	☐ Y ☐ N ☐ N/A		
Does the building/area have the ability to lock down? Is there a process in place for this?	☐ Y ☐ N ☐ N/A		
Does the building require evacuation devices? Is there a process for mobility impaired patients and staff?	☐ Y ☐ N ☐ N/A		
Are emergency codes available for workers?	☐ Y ☐ N ☐ N/A		
Are evacuation maps posted?	☐ Y ☐ N ☐ N/A		

FIRE SAFETY

Are fire marshals identified/trained?	☐ Y ☐ N ☐ N/A		
Are workers aware of fire evacuation procedures?	☐ Y ☐ N ☐ N/A		
Are fire extinguishers mounted and unobstructed/visible?	☐ Y ☐ N ☐ N/A		
Are the extinguishers inspected, of the appropriate type, and charged?	☐ Y ☐ N ☐ N/A		

10. EMERGENCY RESPONSE

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are all sprinkler heads unobstructed?	☐ Y ☐ N ☐ N/A		
Are fire doors closed or only held open with approved devices like mag locks (e.g. no wedges or drop-down feet)?	☐ Y ☐ N ☐ N/A		

FIRST AID

Are the appropriate number of workers trained in first aid?	☐ Y ☐ N ☐ N/A		
Are first aid supplies and AED available?	☐ Y ☐ N ☐ N/A		
Is the AED easily accessible, supplies current, fully charged, and available for response to an incident?	☐ Y ☐ N ☐ N/A		
Are appropriate eye wash and shower stations available?	☐ Y ☐ N ☐ N/A		
Are all emergency equipment items visible with signage?	☐ Y ☐ N ☐ N/A		

WORKING ALONE

Is a working alone procedure in place (if required)? Are workers aware of it?	☐ Y ☐ N ☐ N/A		
Is an effective means of communication available?	☐ Y ☐ N ☐ N/A		
Is there an effective check-in/ check-out system?	☐ Y ☐ N ☐ N/A		

11. OUTSIDE ENVIRONMENT

		Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L
Are parking areas, entrances, and exits adequately lit?	☐ Y ☐ N ☐ N/A		
Is external lighting working and automatically activated at dusk?	☐ Y ☐ N ☐ N/A		
Is there video surveillance covering outside of buildings and parking lots? Does it work as designed?	☐ Y ☐ N ☐ N/A		
Is public access to buildings monitored?	☐ Y ☐ N ☐ N/A		
Are bushes, trees, and shrubs trimmed to lessen the chance of concealment?	☐ Y ☐ N ☐ N/A		
Are outside surfaces in good condition and free of hazards?	☐ Y ☐ N ☐ N/A		
Are snow/ice removal processes and materials in place (e.g. sand bins)?	☐ Y ☐ N ☐ N/A		
Are there appropriate traffic safety provisions in place?	☐ Y ☐ N ☐ N/A		

12. ADDITIONAL DEFICIENCIES	Deficiency Observed / Recommended Action / Action Taken During Inspection	Priority Ranking H / M / L

ADDITIONAL COMMENTS