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| NAME OF INSPECTORS DATE OF INSPECTION:1.2. |
| AREA INSPECTED: SUPERVISOR: |
| Please Indicate: DEPARTMENTAL JOHS INSPECTION MANAGEMENT |

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| **ITEM INSPECTED** |  **= Satisfactory****X = Requires Action****N/A = Not Applicable** | **CORRECTIVE ACTIONS** | **Indicate Person Responsible AND Expected Timeline to be completed/updated** |
| **Personal Protective Equipment (PPE)** |
| Are Staff Using PPE |  |  |  |
| Is PPE being properly maintained |  |  |  |
| Appropriate PPE readily available |  |  |  |
| Staff trained in use of PPE |  |  |  |
| Process for replacing defective PPE |  |  |  |
| **OHS Board (JOHS ONLY)** |
| OHS Act Posted |  |  |  |
| Safety Policy Posted, Signed and Dated |  |  |  |
| Dept. of Labour Phone # |  |  |  |
| JOHS Committee Contact Information |  |  |  |
| Most recent JOHS Minutes |  |  |  |
| Workplace Violence Prevention Statement |  |  |  |
| **Building Maintenance** |
| Ladder (CSA Approved)  |  |  |  |
| Ladder Stored/Used properly |  |  |  |
| Electrical cords in good condition |  |  |  |
| Electrical panel unobstructed |  |  |  |
| Switches and outlets have plate covers |  |  |  |
| Missing, loose, or damaged ceiling tiles |  |  |  |
| No tripping hazards present in regards to flooring (damages etc.) |  |  |  |
| No evidence of Mould |  |  |  |
| Compressed gasses stored and secured properly |  |  |  |
| Power Tools/ Equipment in good general condition |  |  |  |
| Proper guards, cords, PPE for all Power Tools/Equipment |  |  |  |
| **Stairwells, Ramps, Doors** |
| Clear of Debris and Ice |  |  |  |
| Proper Handrails/ Guardrails |  |  |  |
| Adequate Lighting |  |  |  |
| Door Mechanism (Latches, Hinges, Handles, Panic Bars etc.) |  |  |  |
| **Fire Prevention** |
| Exit Route Map Posted |  |  |  |
| Staff trained in emergency procedures |  |  |  |
| Sprinkler Heads Clear of Obstructions (18”) |  |  |  |
| Fire Extinguishers checked and fully charged |  |  |  |
| Flammable materials stored correctly |  |  |  |
| All exits clear |  |  |  |
| **Chemicals** |
| Staff trained in WHMIS |  |  |  |
| Eye wash stations |  |  |  |
| Properly Labelled (WHMIS) |  |  |  |
| SDS Available and up to date |  |  |  |
| Chemicals Properly Stored |  |  |  |
| If transporting chemicals or specimens, staff are trained in the Transportation of Dangerous Goods |  |  |  |
| **Lifting and Moving – Non-Care** |
| Staff trained in Proper Lifting/Moving techniques |  |  |  |
| Assistive devices available (i.e. Carts, dollies, adaptive devices, etc.) |  |  |  |
| Assistive devices maintained properly (i.e. preventative maintenance program) |  |  |  |
| Do staff report over-exertion and near misses |  |  |  |
| **Care / Support - SHM** |
| Nursing stations/Offices free of debris and clutter |  |  |  |
| Resident rooms free of debris and clutter |  |  |  |
| Lounge/Dining areas free of debris and clutter |  |  |  |
| Staff trained in appropriate safe handling/mobility techniques(P.A.C.E for example) |  |  |  |
| Safe Handling and Mobility program in use |  |  |  |
| Resident care supplies readily available |  |  |  |
| Assistive devices available (i.e. carts, lifts, transfer belts, slider sheets, etc.) |  |  |  |
| Assistive devices maintained (preventative maintenance program) |  |  |  |
| Resident call bells in good order and maintained |  |  |  |
| Staff communication devices in good order and maintained |  |  |  |
| Medications locked and secured |  |  |  |
| **Infection Prevention and Control** |
| Staff trained in proper hand washing techniques |  |  |  |
| Proper hand washing techniques IN USE |  |  |  |
| Hand washing facilities readily available |  |  |  |
| Hand sanitizer readily available |  |  |  |
| Sharps management |  |  |  |
| Laundry carts covered |  |  |  |
| Clean/Soiled laundry separation |  |  |  |
| **Housekeeping** |
| Wet Floor Signs Used |  |  |  |
| Cleaning materials Stored Properly |  |  |  |
| Cleaning carts stored properly when not in use or unattended |  |  |  |
| Washrooms clean and in good working order  |  |  |  |
| **JOSHC and Departmental Inspection Questions**Please select at least one employee from the department/area and ask the following questions: |
| Where would you find the SDS for your Department?  |
| How would you report an incident?   |
| Who is your JOSHC Representative? |
| Do you know what the current public health protocols are for your workplace? |
| Have you been trained for the task you are currently performing?Do you feel this training was adequate? |
| What is the most significant hazard encountered in this department/area? |
| How is your department informed of safety changes and concerns? |
| Do you see room for improvement or a change to a safe work procedure? Which and how? |
| **FOR CARE STAFF:**Do you feel resident/client care plans are properly maintained and updated?Is there adequate space in regular care areas to provide assistance to your client/residents safely? |
| Additional Staff Comments: |

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| Additional Inspector Comments: |

Signature of Inspector(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Inspector(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Reviewed By JOHSC on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Chair Signatures 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace Inspection form last Reviewed or Updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_