**GENERAL INSPECTION CHECKLIST**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area(s) Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspectors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ITEM** | **CRITERIA** | **Y/N** | **DEFICIENCY** |
| **EMERGENCY EGRESS** | | | |
| 1 | Do Emergency Key Plans correctly identify where the equipment is located? (ex. Pull stations, fire extinguishers etc) |  |  |
| 2 | Are Fire Extinguishers accessible, signage present, in good condition, charged and inspected within last year? |  |  |
| 3 | Are fire doors kept closed and not wedged open? |  |  |
| 4 | Are Emergency EXIT signs illuminated? |  |  |
| 5 | Have seismic issues been considered? (Shelving secured, restraints, heavy items stored low) |  |  |
| **HOUSEKEEPING** | | | |
| 6 | Are aisles, fire extinguishers, fire exits, electrical panels kept clear of materials, equipment and spills? |  |  |
| 7 | Floors and carpets: Free of tripping hazards (holes, curled edges) and excessive wear. |  |  |
| **PHYSICAL HAZARDS** | | | |
| 8 | Are lighting levels in the work area adequate? (Consider: Too bright, too dim, lights not working?) |  |  |
| 9 | Is air quality adequate?  (Consider: unfamiliar smells, odours) |  |  |
| 10 | Is heating and ventilation adequate?  (Consider too hot, too cold?) |  |  |

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| **ITEM** | **CRITERIA** | **Y/N** | **DEFICIENCY** |
| **ERGONOMIC HAZARDS** | | | |
| 11 | Are materials stored to prevent overreaching?  If on the floor, no more than 3 boxes high? |  |  |
| 12 | Does the storage room have a foot stool or other equipment to reach top shelves? |  |  |
| **ELECTRICAL HAZARDS** | | | |
| 13 | Ae space heaters turned off when not in use? |  |  |
| 14 | Are extension cords used only as temporary measures? |  |  |
| 15 | Are electrical cords in good repair (no exposed wiring) and adequately restrained? |  |  |
| 16 | Is kitchen equipment in good working order, properly maintained, and purchased by UBC?   * Microwave ovens * Storage of knives |  |  |

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| **OTHER COMMENTS** |
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**INSPECTION REPORT**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area(s) Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspectors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ITEM** | **CORRECTIVE ACTION** | **HAZARD RATING** | **ASSIGNED TO** | **DATE TO BE COMPLETED** | **FOLLOW-UP (Date Action Completed Or Date Pending)** |
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