

# Workplace Inspections Picture This



## Workplace Inspections

**help to identify and record hazards** for corrective action. Regular inspections are an important part of your workplace health and safety program.

### INSPECTION TIPS

**Look up, down, around and inside.** Be methodical and thorough.

**Clearly describe each hazard** and its exact location in your notes as you find them. Take photos if needed.

**Draw attention** to the presence of any immediate danger.

**Shut down and "lock out"** any hazardous items that cannot be brought to a safe operating standard until repaired.

**Never ignore any item** because you do not have knowledge to make an accurate judgement of safety.

**Ask questions**, but do not unnecessarily interfere with work activities or create a potentially hazardous situation.

**Do not operate equipment.** Ask the operator for a demonstration.

**Consider what will happen** if the item is both stopped and moving.

**Factor in the way the work** is organized and the work pace.

**Do not rely on your senses.** You may have to measure levels of exposure to chemicals, noise, radiation or biological agents.

**CCOHS.ca**  
Canadian Centre for Occupational Health and Safety

### WHY INSPECT?

- Listen to concerns
- Gain further understanding of jobs and tasks
- Identify existing and potential hazards
- Determine underlying causes of hazards
- Recommend corrective action
- Monitor steps taken to eliminate hazards or control the risk

### TYPES OF INSPECTIONS

- Ongoing/daily
- Pre-operation
- Periodic

### HAZARDS TO LOOK FOR

- Safety:** inadequate machine guards, unsafe conditions or practices
- Biological:** viruses, bacteria, fungi, parasites
- Chemical:** solids, liquids, vapours, gas, dust, fumes, mists
- Ergonomic:** repetitive and forceful movements, awkward postures, workstations, tools, equipment
- Physical:** noise, vibration, energy, weather, temperature, electricity
- Psychosocial:** stress, burnout, bullying, harassment, violence

### INSPECTION REPORT

Inspection Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department/Area Covered: \_\_\_\_\_ Time: \_\_\_\_\_

Observations		For Future Reference	
Date	Description	Priority	Responsible Party

Copies to: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Source: <https://www.ccohs.ca>