



General Inspection Summary Report

Building name and area(s) inspected: _____

Inspection completed by: _____

Date and time: _____

Inspection #: (GI- building name- yy/mm/dd) _____

Inspection # must be included as these will be referred to in the JOHSC meeting minutes for any actionable items. These numbers help provide a quick reference to date and building.

The below General Inspection Report summarizes deficient items found during the General Inspection. This Inspection Report is to be completed during or following the General Inspection (based on individual Section Notes).

Proceed to General Inspection Checklist for further details regarding item numbers.

Item #	Description of Hazard: <i>(specific location and/or equipment, nature of hazard - *see below)</i>		
Recommended Action: <i>(detailed action, taking account of hierarchy of controls, two or more options where appropriate)</i>			
Person Responsible:		Priority Level:	Target Date:
Item #	Description of Hazard: <i>(specific location and/or equipment, nature of hazard - *see below)</i>		
Recommended Action: <i>(detailed action, taking account of hierarchy of controls, two or more options where appropriate)</i>			
Person Responsible:		Priority Level:	Target Date:



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Item #	Description of Hazard: <i>(specific location and/or equipment, nature of hazard - *see below)</i>		
Recommended Action: <i>(detailed action, taking account of hierarchy of controls, two or more options where appropriate)</i>			
Person Responsible:		Priority Level:	Target Date:
Item #	Description of Hazard: <i>(specific location and/or equipment, nature of hazard - *see below)</i>		
Recommended Action: <i>(detailed action, taking account of hierarchy of controls, two or more options where appropriate)</i>			
Person Responsible:		Priority Level:	Target Date:

Send a copy of this report and checklist to the appropriate JOHSCs. **Highlight important items** that must be reviewed/discussed at next JOHSC meeting. Actionable items listed in the Inspection Report should be divided and sent only to each of the persons responsible.

Hazard Rating Descriptions/ Priority Table:

Priority Level	Timeline for Completion of Corrective Action	Timeline for Follow Up Inspection
A (High Risk)	Immediately: A moderate to high potential for serious injury or loss of life and/or extensive property damage or loss (structure, equipment or material).	Within 1-2 days
B (Moderate Risk)	As soon as possible: A moderate to high potential risk of causing a minor injury, illness or property damage or loss. (structure, equipment or material)	Within 1 week
C (Low Risk)	As soon as possible: A potential exists for causing a non-disabling injury or non-disruptive property damage.	Next regular inspection or further investigation required



M. Laboratories				
<p><i>Note: Laboratory personnel must be notified in advance that an inspection will be performed in their area. A laboratory staff member who is familiar and knowledgeable with the hazards of the research space must be involved in the inspection. Alternatively, this inspection may be performed internally but must be completed and submitted to the LST or JOHSC within one week of notification.</i></p>				
Building, labs inspected:				
Inspector(s):			Date:	
Item #	General Laboratory Hazards	Y	N	N/A
M-1	Is appropriate Personal Protective Equipment (PPE), such as lab coats, gloves and protective eyewear, available to all workers and is it being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-2	Is appropriate laboratory attire being worn (i.e. no shorts, skirts or sandals are present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-3	Is the space free of evidence of food, drink, or chewing gum present in the lab, including lab garbage cans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-4	Are fire extinguishers adequate for materials used, readily accessible, unobstructed, charged, and inspected within the last year? Is signage present (if not clearly visible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-5	Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-6	Are illuminated emergency exit signs visible and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-7	Are emergency eyewashes accessible, unobstructed, functioning properly, and tested at least monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-8	Are emergency showers accessible, unobstructed and tested at least yearly by operations / facilities personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-9	Are spill kits accessible, stocked and in working order? Are spill response and clean-up procedures and proper signage present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-10	Are aisles, fire exits, sprinklers, stairwells and electrical panels kept clear of materials, equipment, and spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-11	Are occupants aware of how to access first aid when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-12	Are laboratory emergency contacts clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-13	Are “No Eating/Drinking/Smoking” signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-14	Does door signage indicate the hazardous materials present in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-15	Are electrical cords in good repair (no exposed wiring) and adequately restrained? No electrical hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-16	Have seismic issues been considered i.e. shelving secured, restraints, heavy items stored low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-17	Do lab supplies (glassware, tubing, etc.) appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-18	Are lab areas, benchtops, sinks, fumehoods, etc. clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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M-19	Do new staff receive workplace and task-specific orientations and are records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-20	Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Physical Hazards	Y	N	N/A
M-21	Is heating and ventilation adequate? (consider too hot, too cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-22	Is air quality adequate? (consider unfamiliar smells, odours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-23	Are lighting levels in the work area adequate? (consider too bright/dim, lights not working)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Ergonomic Hazards	Y	N	N/A
M-24	Are materials stored to prevent overreaching? Boxes on the floor are no more than 3 high? Is a step ladder available for out of reach items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-25	Are workstations and seating at proper height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-26	Do work areas allow for natural reaching without having to over-extend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-27	Is assistive equipment and/or mechanical aid available and used for heavy/awkward items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-28	Are there resources, known and available, to help workers address and prevent ergonomic issues such as overexertion, MSIs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Chemical Safety	Y	N	N/A
M-29	Is the Chemical Safety manual readily available and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-30	Is there less than 25 L of flammables in the open lab & containers no larger than 5 L?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-31	Are fumehoods tidy, functional, and annually certified? Fumehood sashes are at/ below arrow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-32	Are gas cylinders properly secured, located away from doors & heat / ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-33	Are there proper supplier and / or workplace labels on all containers (compliant with WHMIS 2015)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-34	Are all chemicals stored in proper containers/cabinets (not stored on floor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-35	Are Safety Data Sheets (SDS) readily available, easily accessible and regularly updated (less than 3 years old)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-36	Is the Chemical inventory available and dated within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Biological Safety	Y	N	N/A
M-37	Is the Biological Safety Reference manual readily available and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-38	Are biosafety cabinets kept tidy, functional, and annually certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-39	Are Biosafety Permits posted in the space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-40	Do the biohazardous waste containers have lids and are they labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Radiation Safety	Y	N	N/A



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M-41	Is the Radiation Safety Reference Manual readily available and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-42	Are authorized personnel listed along with their UBC training certificates and lab specific training records in the records binder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-43	Are Radioisotope Permits posted in the space? (Each Radioisotope Permit must be accompanied by a CNSC rules poster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Laser Safety	Y	N	N/A
M-44	Is laser hazard warning signage posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M-45	Is the beam enclosed or have other provisions to prevent accidental exposure been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Other	Y	N	N/A
M-46	Other issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item #	Section / Site Inspection Notes			