

Workplace Inspections

INSPECTION REPORT & GUIDE

An Inspection Report is to be submitted to your employer, manager, and/or supervisor, as well as the Joint Health and Safety Committee (JHSC) if applicable. This is a guide on how the inspection team or person can fill out the Inspection Report.

Item Number

The item number is a unique identifier of the hazard or deficiency you noticed. Often a format is decided that works for the whole organization (such as yyyy-mm-01, yyyy-mm-02...etc.). This way with a quick glance, we can see approximately when the deficiency was first noted.

Describe the Unsafe Condition, Act, or Process

This is a description of the hazard or deficiency. Remember to include the location of where the hazard can be found, and *do not use names or identifiers of workers or supervisors*. If you are carrying a phone or camera, you could refer to pictures or videos you have taken which help describe what you see.

Risk Rating

The risk rating is determined by considering the matrix in *Figure A*. Remember that impact should consider personal safety (injuries or illness), resources (required to resolve), work delays (time and production), property damage, and reputation.

Figure A:
Risk Rating Matrix

		Impact			
		Minor	Moderate	Major	Extreme
Probability	Rare	Low	Low	Medium	Medium
	Unlikely	Low	Medium	Medium	Medium
	Moderate	Medium	Medium	Medium	High
	Likely	Medium	Medium	High	High
	Very Likely	Medium	High	High	High

Corrective Action Suggestions

These are suggestions for resolving the deficiency. If resolved during inspection, indicate in the fields provided.

SUBMISSION

Once you have completed the report, noting all the deficiencies found on the checklist and providing as many corrective action suggestions or completed corrections as able, submit it to your employer or JHSC. They are to sign the “received by” line. Be sure to reference the checklist used in some way at the bottom of the report in case further details are requested by the JHSC or employer.

Workplace Inspections

INSPECTION REPORT & GUIDE

INSPECTION REPORT

EMPLOYER REPRESENTATIVE _____	WORKER REPRESENTATIVE _____	RECEIVED BY _____	DATE _____
-------------------------------	-----------------------------	-------------------	------------

Item No.	Unsafe Condition, Act, or Process	Risk Rating
	<i>Specific location/equipment, and nature of hazard.</i>	<i>Low, Medium, High</i>

Corrective action suggestions	Action assigned to	Expected completion date	Completion date
a.			
b.			
c.			

Item No.	Unsafe Condition, Act, or Process	Risk Rating
	<i>Specific location/equipment, and nature of hazard.</i>	<i>Low, Medium, High</i>

Corrective action suggestions	Action assigned to	Expected completion date	Completion date
a.			
b.			
c.			

Item No.	Unsafe Condition, Act, or Process	Risk Rating
	<i>Specific location/equipment, and nature of hazard.</i>	<i>Low, Medium, High</i>

Corrective action suggestions	Action assigned to	Expected completion date	Completion date
a.			
b.			
c.			

Refer to checklist _____ for other findings.