|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Location:** | | | | |
| **Name of Inspector(s):** | | | | |
| **Date:** | | | | |
| **General Conditions** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Ladders are kept in good repair, and are easy to find when needed. | **Yes No N/A** |  |  |  |
| Are doorways in barns clear? | **Yes No N/A** |  |  |  |
| Are floors clean of slippery material? | **Yes No N/A** |  |  |  |
| If supplies are stored on the floor, are they away from doors and isles? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lighting** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are lighting levels in work areas adequate? | **Yes No N/A** |  |  |  |
| Is task lighting available in areas of low light? | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Aid** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Is the first aid kit accessible and clearly labelled? | **Yes No N/A** |  |  |  |
| Is the first aid kit adequate and complete? | **Yes No N/A** |  |  |  |
| Is the first aid kit clean and dry? | **Yes No N/A** |  |  |  |
| Are emergency numbers displayed? | **Yes No N/A** |  |  |  |
| Do workers know who to call for first aid? | **Yes No N/A** |  |  |  |
| Are injury report forms readily available? (Form 7) | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Waste Disposal** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are bins located at suitable places | **Yes No N/A** |  |  |  |
| Are bins emptied regularly? | **Yes No N/A** |  |  |  |
| Are garbage and compost bins marked? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazardous Materials** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are Safety Data Sheets (SDS) provided for all hazardous materials? | **Yes No N/A** |  |  |  |
| Are all containers clearly labelled? | **Yes No N/A** |  |  |  |
| Are hazardous materials properly stored? | **Yes No N/A** |  |  |  |
| Are hazardous materials disposed of properly? | **Yes No N/A** |  |  |  |
| Are workers trained on proper handling of hazardous materials? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Environment** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Is air quality good? (i.e manure management, and ventilation) | **Yes No N/A** |  |  |  |
| Are workers protected from excessive heat/cold? | **Yes No N/A** |  |  |  |
| Are workers protected from excessive noise? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Worker Safety** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Do workers know where to find SDS for hazardous materials? | **Yes No N/A** |  |  |  |
| Do workers know where to find Personal Protective Equipment (PPE)? | **Yes No N/A** |  |  |  |
| Do workers know how to use PPE? | **Yes No N/A** |  |  |  |
| Do workers use PPE properly? | **Yes No N/A** |  |  |  |
| * Eye/face protection? | **Yes No N/A** |  |  |  |
| * Footwear? | **Yes No N/A** |  |  |  |
| * Gloves? | **Yes No N/A** |  |  |  |
| * Aprons? | **Yes No N/A** |  |  |  |
| * Respirators? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safe Work Practices** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Do workers use proper manual lifting techniques? | **Yes No N/A** |  |  |  |
| Do workers know the procedures for working alone or in isolation? | **Yes No N/A** |  |  |  |
| Do workers know how to work safely around livestock? | **Yes No N/A** |  |  |  |
| Do workers operate machinery in accordance to safe work procedures? | **Yes No N/A** |  |  |  |
| Are workers aware of how to access written safe work procedures? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ergonomics** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Is equipment properly adjusted for operator? | **Yes No N/A** |  |  |  |
| Are workers able to perform tasks without sustaining awkward positions? | **Yes No N/A** |  |  |  |
| Are all animal handling facilities suitable for restraining large animals? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fire Safety and Security** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are fire extinguishers clearly marked? | **Yes No N/A** |  |  |  |
| Are fire extinguishers properly installed on walls? | **Yes No N/A** |  |  |  |
| Have fire extinguishers been inspected within the last year? | **Yes No N/A** |  |  |  |
| Are workers trained in using fire extinguishers? | **Yes No N/A** |  |  |  |
| Are flammable liquids properly stored? | **Yes No N/A** |  |  |  |
| Are emergency phone numbers posted? | **Yes No N/A** |  |  |  |
| Are smoke alarms in place? | **Yes No N/A** |  |  |  |
| Are emergency exits clearly marked? | **Yes No N/A** |  |  |  |
| Are emergency lights in working condition? | **Yes No N/A** |  |  |  |
| Has an emergency meeting location been established? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entrances and Exits** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Is there safe access for workers and visitors? | **Yes No N/A** |  |  |  |
| Are emergency exits clear of materials? | **Yes No N/A** |  |  |  |
| Are emergency exits clearly visible? | **Yes No N/A** |  |  |  |
| Are confined spaces clearly labelled? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Storage** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are supplies and materials stored safely so they will not fall? | **Yes No N/A** |  |  |  |
| Does your storage layout minimize lifting problems? | **Yes No N/A** |  |  |  |
| Are trolleys, dollies, and wheelbarrows available to move heavy items? | **Yes No N/A** |  |  |  |
| Are racks and shelves in good condition? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Electrical** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are electrical cords in good condition? | **Yes No N/A** |  |  |  |
| Is there clear access to electrical panels? | **Yes No N/A** |  |  |  |
| Are proper plugs used? | **Yes No N/A** |  |  |  |
| Are all portable power tools in good condition? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment and Machinery** | | | | |
| **Inspection Items** | **Yes, No or Not Applicable**  (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
| Are equipment and machinery kept clean? | **Yes No N/A** |  |  |  |
| Is equipment regularly maintained? | **Yes No N/A** |  |  |  |
| Are all operators properly trained? | **Yes No N/A** |  |  |  |
| Is machinery properly guarded? ( power take offs on tractors) | **Yes No N/A** |  |  |  |
| Are noise levels controlled? | **Yes No N/A** |  |  |  |
| Are fumes and exhaust controlled? | **Yes No N/A** |  |  |  |
| Are lockout procedures in place for repair and maintenance of equipment? | **Yes No N/A** |  |  |  |
| Are pre-use inspections of mobile equipment performed and recorded? | **Yes No N/A** |  |  |  |
| **Other Notes:** | | | | |