

# VICTORIA UNIVERSITY

## WORKPLACE INSPECTION RECORDING FORM

<b>INSPECTION LOCATION:</b>						<b>TIME OF INSPECTION:</b>				
<b>AREA COVERED:</b>						<b>DATE OF INSPECTION:</b>				
<b>OBSERVATIONS:</b>							<b>SAFETY OFFICER:</b>			
ITEM NO.	ROOM OR AREA	ACTUAL OR POTENTIAL HAZARD	CLASSIFICATION	IMMEDIATE ATTENTION		RECOMMENDED ACTION (Who, What, When)	CODE	RESPONSIBILITY	ACTION TAKEN (Who, What, When)	TAG/DATE
				Yes	No					

<p style="text-align: center;"><b><u>CODE</u></b></p> <p>1- Repaired at School Level          2- Maintenance Repair          3- Further Investigation          4- Budget Item          5- Repeat Item          6- Housekeeping          7- Other</p>	<p style="text-align: center;"><b><u>CLASSIFICATION</u></b></p> <p><b>A-Major Hazard</b> (death/critical injury)  <b>B-Moderate Hazard</b> (serious injury/lost time)  <b>C-Minor Hazard</b> (minor injury/no lost time)</p>
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_____	_____
(Inspector- Print)	(Inspector - Signature)
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(Others - Print)	(Other - Signature)
_____	_____
(Supervisor)	(Supervisor – Signature)

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## WORKPLACE INSPECTION RECORD FORM

### COMPLETION AND DISTRIBUTION PROCEDURES

#### Stage 1: The Inspector

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| 1. The Inspector completes and signs (1) the Workplace Inspection Recording Form, (2) the Workplace Specific Inspection Checklist, (3) and a minimum of one Worker and (4) the Supervisor Interview form. The Inspector takes immediate action to address health and safety concerns as is possible during the inspection. |
| 2. Once all of the above have been completed the Inspector then presents the original report to the Safety Officer while keeping a copy for themselves.  |

#### Stage 2: The Safety Officer

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| 3. The Safety Officer reviews the recommendations and takes immediate action as required.                |
| 4. The Safety Officer then forwards the inspection form to the Department Manager within 5 working days. |

#### Stage 3: The Department Manager

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| 5. The Department Manager/Supervisor now addresses those identified health and safety concerns that they can and documents them on the form. The inspection form should now be completely filled out. |
| 6. The Department Manager now returns the inspection report to the Safety Officer.  |
| 7. The Department Manager informs any supervisors and workers of changes in their working environment within 2 working days.  |

#### Stage 4: The Safety Officer

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| 8. The Safety Officer posts the inspection form and recommendations for affected workers to see.                                 |
| 9. The Safety Officer now provides a copy of the completed inspection report to the JHSC secretary and to the initial Inspector. |

#### Stage 5: The Inspector

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| 10. The Inspector now conducts a follow up to determine if the action taken was adequate to control the hazard. This follow up is documented on the "Workplace Inspection Follow up Form". If a hazard still exists or a new hazard has been created the Inspector will conduct another inspection using a new "Workplace Inspection Recording Form" and will return to step 1 of this procedure. |
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#### Stage 6: JHSC Secretary and JHSC

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| 11. The JHSC secretary ensures that copies are forwarded to:  |
| - JHSC Co-Chairs  |
| - H&S Bulletin Board  |
| - Maintenance Manager   |
| 12. Any unresolved items that the Safety Officer could not or did not have the ability to amend will be reviewed by the JHSC. If the hazard cannot be addressed at the Committee level, the Committee will make a formal recommendation to Senior Management to control the hazard. |

**VICTORIA UNIVERSITY  
WORKPLACE INSPECTION RECORD FORM**

**WORKER INTERVIEW FORM**

<b>INSPECTION LOCATION:</b>	<b>TIME OF INSPECTION:</b>
<b>AREA COVERED:</b>	<b>DATE OF INSPECTION:</b>

All inspections will have a minimum of one random worker contacted and interviewed to assess the current workers concerns and safety attitude for review later.

**WORKER NAME:** \_\_\_\_\_

**WORKER POSITION:** \_\_\_\_\_

**NOTES:**

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**CONCERNS:**

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\_\_\_\_\_  
**(Inspector - Signature)**

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**(Worker – Signature)**

**VICTORIA UNIVERSITY  
WORKPLACE INSPECTION RECORD FORM**

**SUPERVISOR INTERVIEW FORM**

<b>INSPECTION LOCATION:</b>	<b>TIME OF INSPECTION:</b>
<b>AREA COVERED:</b>	<b>DATE OF INSPECTION:</b>

**All inspectors will contact the department supervisor to assess any current concerns.**

**SUPERVISOR'S NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**NOTES:**

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**CONCERNS:**

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**(Inspector - Signature)**

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**(Supervisor – Signature)**

## Follow Up Form

<b>INSPECTION LOCATION:</b>	<b>TIME OF INSPECTION:</b>
<b>AREA COVERED:</b>	<b>DATE OF INSPECTION:</b>

Item No.	Action taken to control identified hazards	Date of action	Responsibility	Hazard Controlled		New Hazard Created		Hazard Rating if new or uncontrolled: (Major, Moderate, Minor)
				YES	NO	YES	NO	

**Inspector:** \_\_\_\_\_