

Workplace Inspection Report

A copy of the completed form is to be forwarded to Health and Safety as well as the Building Contact and/or Department Head after the inspection.



SECTION A: INSPECTION INFORMATION

Central Safety Committee Inspector(s) Name:	Building:	Inspection Date/Time:
Department / Area:		Building Contact / Department Head Name:

SECTION B: IDENTIFICATION OF HAZARDS

#	Specific Location	Hazard Observed	Recommended Action	Priority (High/Med/Low/PM)
1				
2				
3				
4				
5				

PRIORITY RATING

Rating	Risk Assessment: Likelihood & Severity of Hazard
HIGH: Life Safety	The specific hazard may cause death, critical injury, or loss of facility
MEDIUM: Action Required	The hazard is likely to occur and may cause severe occupational injury/illness, or major property damage
LOW: Routine	The hazard may occur and could cause injury/illness resulting in lost time or minor property damage
PM: Preventive Maintenance	The hazard is likely to occur over time, and has a minor potential for injury or property damage.

OTHER FINDINGS / NOTES / PRACTICES OBSERVED:

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Date Report Submitted to Building Contact/Dept. Head and H&S Office:	Inspector Signature:
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SECTION C: CORRECTIVE ACTION (To be completed by Building Contact / Head of Department or Work Area)

Using the reference numbers on page 1, please indicate what action will be taken to correct the hazards identified. Once complete, please return a copy of this form to the CSC Inspector listed above, as well as the Health and Safety office. Please note that a written response is required for all items within 21 days of receiving this report [OHSA, S. 9(20)].

This section completed by:	Building/Department Inspected:
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#	Action Taken / Response	Person Responsible	Work Order # (if applicable)	Target Date	Complete Date
1					
2					
3					
4					
5					

ADDITIONAL COMMENTS:

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Building Contact / Department Head Signature:	Date sent to CSC Inspector & Health and Safety:
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*Send copy of completed form to both CSC Inspector and Health and Safety office at safety@uwindsor.ca