

### Occupational Health & Safety Workplace Inspections

Location: Building \_\_\_\_\_ Room# \_\_\_\_\_

Category: Laboratory      Office      Mech.Room      Storage      (circle)

Inspected by: Name \_\_\_\_\_ worker    trainee    JHSC    manager

Space requirements	Comments	A	NA	U
<b>General Space Organization</b>	Work areas and floors clean and organized, surface dust level is low; space is tidy and uncluttered			
<b>First Aid</b>	First Aid kit is available, fully stocked; First Aider on the floor is listed; # of employees _____ Appropriate kit available (see IBBME Manual)			
<b>Fire Extinguishers</b>	It is ready, fully charged, regulary inspected; fire exit route is known			
<b>Safety Information</b>	Safety information is organized (common bulletin board/binder, one location, accessible, etc.); safety committee members are listed and known to the accupants; minutes of the last JHSC meeting are available			
<b>Personal Safety</b>	Security measures in place; no working alone policy; key access			
<b>Training</b>	All personnel is properly trained to perform optimally; any new task is supported by a training; adecvate amount of time is given to learn the task			
<b>WHMIS</b>	Containers WHMIS labeled; all personnel is WHMIS trained, Current MSDSs are available and accesseble			
<b>Environmental Conditions</b>	Adequate ventilation, lighting; temperature, humidity; no visible mold, no smell or odour; Noise Levels within acceptable office levels for activities conducted			
<b>Electrical Safety</b>	Electrical cords, plugs and sockets in good condition; grounded connectons; extention cords not used as a permanent wiring; adequate number of outlets			

Mechanical/Storage rooms	Comments	A	NA	U
<b>Hand &amp; Portable Tools</b>	In good working order and condition; regulary inspected and maintained; users trained; properly stored when not in use			
<b>Mechanical Apparatus &amp; Machinery</b>	In good working order and condition; Regularly inspected and maintained; all equipent, including low point freezers (-80C to LN2) is equipt with PPE and instructions (SOPs, operation manual); users properly trained			
<b>High Voltage Equipment</b>	Correctly guarded; workers are trained on the proper operation and procedures in case of electricution; high voltage signage; proper warnings			

JHSC outreach	Questions	Y		No
<b>Trained First-Aider</b>	Are you a Trained First-Aider?			
	Would you like to be one?			
	Do you know who is trained on the floor?			
<b>IBBME Safety Committee</b>	Do you know your IBBME HSC representative?			
	Would you like to be involve*?			
	*please provide us with your email if "Yes" _____			
<b>Comments</b>				

Laboratory requirements	Comments	A	NA	U
<b>Emergency Equipment</b>	Eye wash station is present, ready, accessible, flushed regularly Safety shower is present, ready, accessible and tested			
<b>Emergency Procedures</b>	Emergency phone numbers posted, all personnel is trained on procedures and accident reporting; list of dangerous materials posted by the door			
<b>Chemical safety</b>	Listed by the entrance, Chemical Weapons Convention (CWC) inventory is maintained separately; only <i>small volume jars or bottles are kept inside</i> a Fume Hood; "Yellow" and/or "Blue" cabinets are used for the storage; proper labling and segregation, proper shelving			
<b>Biohazard safety</b>	Inventory is properly maintained; no visible spills (floor and BSCs); only trained personnel (certified by UofT EHS) has assecc to the life materials			
<b>Reagent Spills</b>	Spill kit is available (chemical and biological); all personnel is trained on the procedures; SOPs are available			
<b>Waste</b>	Containers properly labeled, designated area is allocated for storage; waste is regullay disposed			
<b>Protective Equipment</b>	Appropriate personal protective equipment available and <i>worn</i> ; regularly inspected; properly maintained; employees trained to use it properly			
<b>Compressed Gas Cylinders</b>	Secured to fixed object; valve cap is on when not in use; away from heat or ignition sources; properly labeled			

Outstanding issue	Comments
YEAR ISSUE	
<b>Supervisor</b>	Signature _____
Principal Investigator or Laboratory Manager or Appointed staff	Full Name _____
	Email _____
	Date _____

**IBBME H&S Office**

Access is: granted denied master key # \_\_\_\_\_

Duration From permanent Tc One year Course Program

Time stamp