



SUPERIOR NORTH CATHOLIC DISTRICT SCHOOL BOARD

MONTHLY WORKPLACE INSPECTION RECORDING FORM

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

<b>OBSERVATIONS: (Inspector)</b>							<b>FOLLOW-UP (Principal)</b>		
ITEM NO.	ROOM AREA	ACTUAL OR POTENTIAL HAZARD	CLASSIFICATION	IMMEDIATE ATTENTION		RECOMMENDED ACTION	CODE	ACTION TAKEN	DATE
				School	Plant				

<p><b>CODE</b></p> <p>1 Repaired at School Level</p> <p>2 Maintenance Repair</p> <p>3 Check It Out</p> <p>4 Budget Item</p> <p>5 Repeat Item</p> <p>6 Housekeeping</p>	<p><b>CLASSIFICATION</b></p> <p><b>A - Major Hazard</b> (critical injury)</p> <p><b>B - Moderate Hazard</b> (serious injury)</p> <p><b>C - Minor Hazard</b> (minor injury)</p>
--	--

\_\_\_\_\_

Supervisor

\_\_\_\_\_

JHSC Worker's Rep

## MONTHLY WORKPLACE INSPECTION RECORD FORM

### COMPLETION AND DISTRIBUTION PROCEDURES

1. The Inspection completes and signs the Monthly Workplace Inspection Recording Form.
2. The Inspection then presents and discusses the report with the Principal.
3. The Principal reviews the inspection report and completes the "Follow-Up" portion of the form.
4. The Principal returns the original inspection to the Inspector within five (5) work days.
5. The Inspector ensures that copies are forwarded to:
School Principal
School H & S Rep
Manager of Operations
Co-Chairs, JHSC
H &S Bulletin Board
6. Any unresolved items will be forwarded to the JHSC by the Inspector for discussion. If unresolved at the Committee Level, the Committee will make a formal recommendation to the Director of Education

### INSPECTION CHECKLIST

An up to date copy of each of the following items is to be available at the school at all times

ITEMS	Yes	No
WSIB Poster		
Health & Safety Bulletin Board (minutes, health & safety notices, OHS Act)		
MSD Sheets/binders (1 in office, 1 in custodian room)		
Previous Inspection Reports		
Custodial Log Books: Salting/Sanding		
Water Flushing		
Fire Safety		
Electrical, etc.		
Fire Safety and Emergency Evacuation Plan		
First Aid Station/Signage		

Supervisor: \_\_\_\_\_

JHSC Worker's Rep. \_\_\_\_\_