<Insert Your Logo Here>

**FACILITY INSPECTION**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:** | | |  |  | **Inspection Team:** | |  |  |  |  |  |  |  |  |  |  | **Inspection Date:** | | | | |  |
| Manufacturing - | | |  |  | John Smith (mgr), Jane Doe (warehouse), Omar Epp (JHSC | | | | | | | | | |  |  | June 1, 2012 | | | | |  |
| Nisku | | |  |  | rep) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Hazard** |  |  |  | **Anticipated** |  |  | **Sign-** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Location** |  |  |  | **Nature of Deficiency** |  |  |  | **Corrective Action** |  |  |  |  |  |  | **Closure** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | **Class** |  |  |  |  |  | **Off** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Front Office | | |  |  |  Torn carpet in | |  |  | **Omar -** Apply duct tape | |  |  | B | |  |  | July 1st | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | entrance | |  |  | immediately. | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Al -** Request quote to | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | have carpet replaced. | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lunch Room | | |  |  |  N/A | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |
| Shop Office | | |  |  |  Broken desk leg | |  |  | **Jane -** Moved manuals | |  |  | C | |  |  | June 15th | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | and inspection logs to | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | reduce stress load. | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Jane -** New desk was | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | already ordered and is | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | on the way. | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |
| Shop Floor | | |  |  |  Racking was struck | |  |  | **Jane –** Immediately had | |  |  | A | |  |  | June 15th | |  |  |  |  |
|  |  |  |  |  | and leg is bent | |  |  | column unloaded and | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  Poor housekeeping | |  |  | taped off. | |  |  | C | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Jane –** New upright to | |  |  |  |  |  |  | June 2nd | |  |  |  |  |
|  |  |  |  |  |  |  |  |  | be ordered. | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Omar –** Conduct safety | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | meeting on both topics | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |
| Loading Dock | | |  |  |  Exterior light broken | |  |  | **Jane –** Will have Todd | |  |  | B | |  |  | June 2nd | |  |  |  |  |
|  |  |  |  |  |  Yellow tape is peeled | |  |  | replace light. | |  |  | C | |  |  |  |  |  |  |  |  |
|  |  |  |  |  | off ground (safe-zone | |  |  | **Jane –** Will order more | |  |  |  |  |  |  | June 15th | |  |  |  |  |
|  |  |  |  |  | markings) | |  |  | tape. Have Todd replace | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | markings once it arrives. | |  |  |  |  |  |  |  |  |  |  |  |  |
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**Guidance:**

**A −** Indicates that the deficiency must be marked and isolated if possible. Work must stop and an assessment must beconducted to determine the appropriate corrective action. Supervisor sign-off is required before restarting.

**B −** Indicates that the deficiency must be reported to a supervisor immediately. Also, a short-term corrective action planmust be designed and implemented before work continues.

**C −** Indicates that the deficiency should be noted and reported to a supervisor by the end of the shift. The deficiencyneeds to be communicated to all workers on-site immediately. Corrective action must be designed and implemented within three days.

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