



INSPECTION POLICY

It is the policy of this company to maintain a program of safety inspections. The objective of this program is to control hazards in the workplace.

All company facilities and job-sites shall be included in the inspection program.

Informal inspections shall be conducted by supervisors on a ongoing basis in their areas of responsibility.

Formal inspections shall be conducted by the manager or designate at each facility or job-site on a regularly scheduled basis.

Harold Kinsey

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CDN. Power Pac <i>Safe Work Procedure - Title</i>	REVISION: 2008-001	EFFECTIVE DATE: October 1, 2008	PAGE 1 OF 1
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9.1 SCOPE

This section describes the program developed by CDN. Power Pac to assess and control hazards during the operation of the Company.

9.2 INSPECTIONS

Worksite inspections are an integral part of this program in order to verify compliance at the field level. Informal inspections should be completed on an ongoing basis by all supervisors and crewmembers. Formal inspections must be completed in a systemic manner in order to achieve effectiveness. Each division will plan inspections and develop a system to ensure that follow up on deficiencies is carried out in a timely and complete manner.

There are two formalized inspections that must be carried out and documented.

9.2.1 Planned Inspections

Management and Supervisors of the Company are to conduct regular planned inspections that affect People, Equipment, Materials, and Environment on a regular basis. The Company has a standard form that can be used, if a company or division wishes to use their own document, the following must at least be included:

- Date of Inspection;
- Location and description;
- Hazard Classification;
- Action required by;
- Hazard previously noted (yes or no / complete or incomplete);
- Name of person conducting the inspection; and,
- Site inspected.

9.2.2 Site Visit Reviews

In accordance with the Site Inspection Policy contained within the policy section of the Health and Safety Manual, Managers, Supervisors, Health and Safety Personnel, and employees must conduct regular Site Inspections. The Company has a standard Site Inspection form that should be used for site inspections.

**Note: Inspections must be kept for a minimum of 5 years; and a copy of each inspection must be kept at the division office.*

Site/Area: _____ Supervisor: _____
 Inspected By: _____ Date: _____

EMERGENCY and HAZARD INFORMATION	YES	NO	N/A
1. Emergency procedures are posted and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monthly inspections posted and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fire extinguisher present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire extinguisher seal intact; date tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. First Aid available and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. First Aid record kept/kit re-stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. First-aid Attendant's qualification current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Solvent recycling container clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. MSDS sheets available and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

HOUSEKEEPING	YES	NO	N/A
10. Bench tops and sink areas are tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tripping hazards are absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All exits and passageways are clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Step-ladder available for out-of-reach items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. "No Eating/Drinking/Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Burnt out light bulbs absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Floor free of slippery substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

MACHINE SAFEGUARDS	YES	NO	N/A
17. All hazardous moving parts of the machine, including auxiliary parts have safeguards: gears, sprockets, pulleys, flywheels and chain drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Safeguards prevent workers' hands, arms and other body parts from making contact with dangerous moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Safeguards have not been tampered with, altered or removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Powered machinery/equipment			
• has start and stop controls located within easy reach of the operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has controls and switches whose functions are clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Physical hazards are marked in a manner that clearly identifies the hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

PROTECTIVE EQUIPMENT	YES	NO	N/A
22. Metal or wood chips, scrap, or turnings from machine tool work are contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Protective equipment required is appropriate for the job, used and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ear protection, goggles/glasses			
24. Operators are dressed safely			
• no loose-fitting-clothing or jewelry			
• Proper Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Specialty PPE available if necessary (respiratory, fall protection, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

LOCK-OUT	YES	NO	N/A
26. Lock-out procedures are posted and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Machines are locked out from their power sources before repairs are begun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Effective means of verifying lock-out are provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ELECTRICAL and AIR SUPPLIES	YES	NO	N/A
29. There are no loose or damaged cords or connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Machines are properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Air hose in good condition with end fittings secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

LADDERS & RIGGING	YES	NO	N/A
32. All ladders and rigging equipment (slings, shackles) are in good repair and have legible load ratings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Have all ladders and rigging been inspected on regular intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

TRAINING	YES	NO	N/A
34. Workers are trained in and work procedures are available for the safe use of:			
• Stationary power tools, Hand operated power tools, Hand tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Machines and equipment are operated in accordance with the manufacturer's recommendations and instructions and with WCB Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Are there any workers trained in the use of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Are the company elected fire wardens / back up wardens, aware of their responsibilities in this position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Action Items	Assigned to	Due Date



Company: _____ Date: _____

Location: _____ Supervisor: _____

of Employees: _____ Inspected By: _____

√ - SATISFACTORY X - ATTENTION REQUIRED N/A - NOT APPLICABLE

PEOPLE:

___ PPE	___ Attitude/Behaviour	___ Required Documents	
___ Training	___ Communication	<input type="checkbox"/> Toolbox Talk	<input type="checkbox"/> Checklists
___ Fatigued	___ Sufficient # of workers	<input type="checkbox"/> Pre-Job Meeting	<input type="checkbox"/> FLHA
		<input type="checkbox"/> Procedure	<input type="checkbox"/> _____

MATERIALS:

___ MSDS Available	___ Safe Handling of Material	___ Proper Labels
___ ERP Kit Complete	___ Disposal Plans	___ Material for the applicable task
___ First Aid Kits	___ Storage	___ Eye wash available

EQUIPMENT/TOOLS:

___ Inspection current	___ Maintenance to date	___ Grounding/Bonding
___ Safety devices	___ Proper use of	___ Signs/Barriers/Flagging
___ Maintained/Clean	___ Guards in place	___ Competent Operator
___ Fire Extinguisher(s)	___ Access/Egress	

ENVIRONMENT:

___ Working Surface	___ Housekeeping	___ Temperature
___ Ventilation	___ Noise Level	___ Lighting
___ Secondary containment	___ Electrical Hazards/GFCI	___ Congested Work Area
___ Fire Extinguisher(s)	___ Access/Egress	___ Overhead Hazards

Concerns/Issues	Recommendations/Action Items	Due Date

Inspector Signature: _____ Supervisor Signature: _____