

SECTION 10 – INSPECTIONS

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INSPECTION POLICY

GRD Construction Ltd. will ensure regular inspections are performed for the purpose of identifying and correcting any unsafe conditions. The inspections will consider premises, jobsite, buildings, temporary structures, tools, equipment, machinery, work methods, practices and behaviors.

Planned inspections will occur on a regular, monthly basis and will be supplemented by informal inspection.

If, during any inspection, unsafe conditions, practices and procedures that require immediate attention are discovered, they will be remedied immediately and recorded. The supervisor involved in the inspection will be responsible and accountable for ensuring corrective action is undertaken to eliminate or control any other unsafe conditions or behavior found.

Note: The information in this policy does not take precedence over applicable government legislation with which all employees should be familiar.

Date – August 1, 2013

Bobby Janjua – CEO

INFORMAL INSPECTION PROCEDURES

Foreman / Supervisor should perform Informal Inspections as part of their daily activities, plus daily hazard assessment forms.

Pre Inspection

- Think back to the last inspection and note any reported hazards
- Familiarize yourself with the key types of items that you should be aware of during your inspection.

During Inspection

- Use your eyes, ears, and other senses to identify actual or potential problems as you go about your daily activities. Record the hazards in your daily hazard assessment form.
- Hazards detected during shift must be recorded on the hazard assessment form and any action that was taken to correct the hazard or if it will be corrected at a later time.
- Follow up with high priority unsafe items immediately.
- Look for basic causes of sub-standard conditions, practices and procedures.

Post Inspection

- Complete the Hazard Assessment, Elimination, & Control Book.
- Keep the record on the project site until the project is complete.

Informal inspections have significant limitations; they commonly identify only the obvious problems and they do not take a systematic approach. As a result informal inspections cannot replace Planned Inspections.

INFORMAL INSPECTION REPORT

Project:		Date:	
Supervisor:		Time:	
Weather Conditions:		Number of Workers:	
General Safety:			
<input type="checkbox"/> Housekeeping (Office/Lunchroom)	<input type="checkbox"/> Floor openings	<input type="checkbox"/> Guardrails	<input type="checkbox"/> Handrails
<input type="checkbox"/> Signage	<input type="checkbox"/> Overhead hazards	<input type="checkbox"/> 42" top/mid/toe	<input type="checkbox"/> Exposed dowels
<input type="checkbox"/> Material	<input type="checkbox"/> Excavations	<input type="checkbox"/> Working surface	<input type="checkbox"/> Hand rails
Access & Egress:			
<input type="checkbox"/> Stairwells lights/clear/railings	<input type="checkbox"/> Safe public passage	<input type="checkbox"/> Traffic control/motor vehicles	
<input type="checkbox"/> Sidewalks clean	<input type="checkbox"/> Covered walkways	<input type="checkbox"/> Fencing	<input type="checkbox"/> Barricades
Personal Protective Equipment:			
<input type="checkbox"/> Safety harness available	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Hi-Vis vest	<input type="checkbox"/> Hard hat
<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Appropriate gloves	
First Aid:			
<input type="checkbox"/> Treatment record book	<input type="checkbox"/> Attendant	<input type="checkbox"/> Supplies	<input type="checkbox"/> Emergency route posted
Ladders:			
<input type="checkbox"/> Workers not on top 2 steps	<input type="checkbox"/> Secured	<input type="checkbox"/> In good repair	<input type="checkbox"/> 3ft above platform
<input type="checkbox"/> Suitable for scope of work			
Crane & Hoisting:			
<input type="checkbox"/> Crane Operator log book	<input type="checkbox"/> Rigging/slings	<input type="checkbox"/> Communication	<input type="checkbox"/> Operator inspection
Tools & Equipment:			
<input type="checkbox"/> Operating procedures	<input type="checkbox"/> Drills	<input type="checkbox"/> Guards	<input type="checkbox"/> Hand tools
<input type="checkbox"/> Power actuated tools	<input type="checkbox"/> Power saws	<input type="checkbox"/> Tool Condition	
Fire Prevention:			
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Flammables stored safety	<input type="checkbox"/> Exits clear	
WHIMIS:			
<input type="checkbox"/> MSDS sheets up to date	<input type="checkbox"/> Labels on controlled products	<input type="checkbox"/> Worker training	
Fall Protection:			
<input type="checkbox"/> Fall Protection/Arrest being used	<input type="checkbox"/> Lifelines in good condition	<input type="checkbox"/> Use of Control Zones	
<input type="checkbox"/> Anchors suitable for application			
Mobile Equipment:			
<input type="checkbox"/> Use of fall protection	<input type="checkbox"/> Safety devices in place	<input type="checkbox"/> Inspections	<input type="checkbox"/> Operator qualified
Safety Program:			
<input type="checkbox"/> Following Site Rules	<input type="checkbox"/> Toolbox Meeting	<input type="checkbox"/> Safety Manual on site	
<input type="checkbox"/> OH&S Manual on site			
Overall rating:	1-Bad ---2-----3-----4----5-----6-----7----8-----9-----10-Good		

Rating: 1. Stop work immediately and address the situation
 2. Needs to address within 24 hrs.
 3. Needs to address within 72 hrs.

Area Inspected	Rating	Unsafe Act/Conditions	Person Responsible	Date Corrected

Supervisor’s Signature: _____ Date: _____

Inspectors Signature: _____ Date: _____

All items listed below shall be reviewed and addressed in a timely manner. A copy if this report with the action(s) taken to remedy the findings must be forwarded to the Safety Office once you have completed addressing those findings. If you require assistance on any items in this report, do not hesitate to contact the Safety Coordinator.

Findings/Summary/Notes:

FORMAL / PLANNED INSPECTION PROCEDURES

Formal/Planned Inspections involve a systematic tour of an entire area looking for all hazards, problems and sub-standard conditions and are done on a regular basis. Special inspections involve a specific location or piece of equipment or machinery and are done by the most qualified person(s)

Inspection Team

Inspections are done by persons trained in safety awareness, usually the Safety Coordinator and a worker or a manager and a worker. Involvement of persons from all crafts and levels – senior management to front line worker is encouraged.

Timing

Formal/Planned inspections shall be held in a minimum of once per month or shorter interval as required by the project site.

Pre-Inspection

1. Review all previous inspection reports for the area to be inspected.
2. Identify specific equipment, machinery, jobs, etc. associated with accident trends or severe loss potential.

During Inspection

1. Items that seem to be cut out of place, they may be able to be used elsewhere.
2. Look Take copies of the last inspection report along the note whether the hazards are listed have been corrected.
3. Look for the off-the-floor and out of the way items. Look for things that you would think would be missed in the informal inspections.
4. Systematically cover the whole area and pay particular attention to specific equipment, machinery, jobs, etc. that have been associated with accidental trends or severe loss potential.
5. When unsafe conditions requiring immediate attention are found corrective action must be undertaken without delay, as specified in the OH&S and/or WCB regulations. Defective tools, equipment and machinery must be removed from service until the defect has been corrected. All unsafe conditions and defective items must be recorded on the report form, describing the items and their locations clearly.
6. Report for the root cause of sub-standard conditions, practices and procedures.

Post-Inspection

1. Complete an Inspection Report
2. Note all items from previous inspection reports that have not been remedied, noting initial detection date.
3. Ensure all sections of the inspection report are completed and writing is legible.
4. Forward the inspection report copy to the office or keep on site in job binder till job is completed.
5. Where follow up is required, the foreman, management and or safety coordinator involved is to ensure that deficiency has been corrected.

FORMAL SITE INSPECTION

Inspected by: _____

Company/Project: _____

Number of Employees: _____

Copies to: _____

Date: _____

1. RULES, REGULATIONS AND WRITTEN PROCEDURES	OK	Not OK	ACTION TAKEN	
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Tool box meeting	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Hazard assessments done daily	<input type="checkbox"/>	<input type="checkbox"/>	_____	
2. ACCIDENT REPORT FORMS	OK	Not OK	ACTION TAKEN	
Provincial WCB or OH&S Forms	<input type="checkbox"/>	<input type="checkbox"/>	_____	
3. SITE ACCESS	OK	Not OK	ACTION TAKEN	
Safe means of entrance and egress	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Workers using safe means	<input type="checkbox"/>	<input type="checkbox"/>	_____	
4. PROTECTIVE EQUIPMENT	OK	Not OK	ACTION TAKEN	
Hard hats worn	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Fall protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Eye & Face Protection	Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Protection	Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand Protection	Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. GUARDRAILS & BARRICADES	OK	Not OK	ACTION TAKEN	
Located where required	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Workers using safe means	<input type="checkbox"/>	<input type="checkbox"/>	_____	
6. LADDERS	OK	Not OK	ACTION TAKEN	
Secured to prevent movement	<input type="checkbox"/>	<input type="checkbox"/>	_____	

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Placed ¼ of ladder length away from base structure

Proper Size Structure

Safe, usable condition

Properly used, workers not on top two rungs

Extended 3' above platform being accessed

7. FIRE PROTECTION

OK Not OK

ACTION TAKEN

Extinguishers where required

Fully Charged and accessible

Type of extinguisher matches materials it will likely be used on

Exit Routes are not obstructed

8. FORKLIFTS

OK Not OK

ACTION TAKEN

Forks lowered and leveled when not in use

Backup Signal obstructed

Speed decreased and horn sounded when approaching pedestrians, doorways and ramps

9. HOUSEKEEPING

OK Not OK

ACTION TAKEN

Work areas clean and free debris

Spilled or leaked liquids which are slippery, toxic or corrosive cleaned up.

Adequate garbage containers available

Nails bent over

Materials and equipment stored in a safe manner

10. AUTOMOTIVE VEHICLES

OK Not OK

ACTION TAKEN

Parked in safe location

Company vehicles operators are authorized

STAIRWAYS AND WALKWAYS

OK Not OK

ACTION TAKEN

Free of obstruction

Adequate lighting in stairways/walkways

Proper handrails or guardrails _____

12. SCAFFOLDS

OK Not OK

ACTION TAKEN

All braces on _____
 All connectors on _____
 Firm Base _____
 Guardrails on open sides and ends _____
 Plumb _____
 Tied to structure _____
 Toe boards _____
 Ladders etc. not used to increase working height _____

13. POWER TOOL EQUIPMENT

OK Not OK

ACTION TAKEN

General Condition _____
 Proper guards, cords, PPE _____
 Tagging as DEFECTIVE _____

14. ELECTRICAL

OK Not OK

ACTION TAKEN

Cords are intact _____
 Three prong plugs are use _____

15. COMPRESSED GAS CYLINDERS

OK Not OK

ACTION TAKEN

Strapped or chained _____
 Standing on end _____
 Away from heat and sparks _____
 Protective Eyewear _____
 Empty cylinders have regulators removed, are capped and tagged _____

16.. GRINDERS	OK	Not OK	ACTION TAKEN
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheel guards in place	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tool rest within 1/8"	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheels not chipped or cracked	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.FIRST AID REQUIREMENTS	OK	Not OK	ACTION TAKEN
Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid Kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	_____
 Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye Wash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Route to hospital/emergency # posted	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. CRANE, HOISTS, ETC.	OK	Not OK	ACTION TAKEN
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Log book/manufacturer's available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent signaler	<input type="checkbox"/>	<input type="checkbox"/>	_____
1. SITE OFFICE	OK	Not OK	ACTION TAKEN
Rubbish and waste disposal of	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outlets, cords and appliances in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extinguisher properly placed and checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors clear of tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	_____

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20. ELEVATED WORKING PLATFORM	OK	Not OK	ACTION TAKEN
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturers operating manual/log book	<input type="checkbox"/>	<input type="checkbox"/>	_____

21. TEMPORARY POWER SUPPLY	OK	Not OK	ACTION TAKEN
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	_____

22. WELDING	OK	Not OK	ACTION TAKEN
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eye protection used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____

23. MATERIALS STORAGE	OK	Not OK	ACTION TAKEN
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labeled (WHIMIS)	<input type="checkbox"/>	<input type="checkbox"/>	_____

EQUIPMENT AND MACHINERY INSPECTION PROCEDURES

Foreman will either perform or ensure the performance of equipment and machinery inspections prior, during and post use as part of their regular daily activities

Pre-Inspection

1. Review inspection records and note any commonly reported hazards.
2. Familiarize yourself with the types of items you should be more keenly aware of by reading through the relevant site, machinery and equipment checklist. Some items pose a higher and more commonly occurring hazards than others.

During Inspection

1. Prior to each use, the operator/user must follow the appropriate checklist/inspection book to thoroughly inspect the equipment/machinery. Use your eyes, ears and other senses to identify actual or potential problems as you go about your inspection. Record any hazards or concerns.
2. Prioritize items according to their potential for incident – injury or damage.
3. Follow up on high priority unsafe items immediately and **DO NOT USE** the equipment or machinery until these items are rectified. Place the unsafe items in the appropriate area and identify large equipment or machinery to all workers as **DO NOT USE**.

Post-Inspection

1. Keep the inspection book with the machinery
2. Submit all completed books to the safety Coordinator.