



## Inspections

*Toolbox Talks are intended to facilitate health and safety discussions on the job site.*

Inspections are the most reliable way to detect, correct and prevent potential losses. A regular inspections program is the best way to:

- a) identify problems not anticipated during design or task analysis
- b) identify equipment deficiencies
- c) identify effects of changes in process or materials.

Commit to completing regular inspections of equipment, work-sites and processes to ensure that all aspects of our company are in accordance with industry standards and complies with applicable legislative requirements.

### WORK-SITE INSPECTIONS

Work site inspections will be conducted at all plants, shops, construction sites and other locations, on the first working day of each month. Inspections are to be completed by each Foreman and/or his designate. When completing the inspection form, be sure to review each item as you perform a walk around inspection. When reviewing each item, mark a check mark if no hazards exist; however, if you find a hazard mark an "x" beside the item in the check box on and then fill in all of the additional information required in the table below. Hazards that are not applicable can be noted with "---"

For each hazard identified on the checklist, the following information must be completed on the bottom portion of the form: (Show the crew an inspection form as you are reading this)

#### 1. HAZARD OBSERVED

- a. Identify the hazard, including the location. (Example: Subcontractor ABC observed without respirator at 29th Ave & Rupert St.)
- 2. ABC
- a. Classify the hazard as an A, B, or C hazard level rating depending on the severity of the unsafe act or condition. (See table on form)
  - i. **A Hazard** – Imminent hazard which requires immediate action.
  - ii. **B Hazard** – Hazardous condition or activity which is not imminently dangerous, but should be attended to as soon as possible.
  - iii. **C Hazard** – Low hazard

### **3. CORRECTIVE ACTION DESCRIPTION**

- a. Describe the steps that were taken to correct the hazard. (Example above: Worker was instructed to wear high intensity vest and he complied immediately)
  - i. In certain cases two separate corrective actions may need to take place. For instance, if a hand tool needs to have a guard installed before it can be used, a Foreman might write that the initial corrective action is to "take the tool out of service, tag it out, and fill out a repair form" on their Daily Employee Field Report Form. The secondary corrective action would be to "replace the guard". It is important to show the immediate action that is taken to eliminate the hazard, to show due diligence from a paperwork standpoint.

### **4. CORRECTIVE ACTION – BY WHOM / DATE TIME**

- a. Write the person responsible for the corrective action, as well as the date and time it was completed. This column is to be completed by the Safety Officer/Coordinator

### **5. FOLLOW-UP – BY WHOM / DATE TIME**

- a. This column is to be completed by the Safety Officer / Coordinator. The Foreman can either expect a call or site visit to confirm that the items identified have been effectively safeguarded.

The general notes section at the bottom of page two should be used to give a general description of the work-site condition and operations. For instance, one could say "Site is in good condition; all workers have been orientated and are abiding by the safety rules." In the event that more than one Foreman is working on a site; either the Foremen can complete a safety inspection together, or each Foreman can complete an inspection of his work area including his vehicle.

### **Questions to Generate Discussion**

- What is one way you can be involved in the inspection process?
- Can you give an example of when an inspection helped identify and correct a potentially harmful incident, loss or deficiency?
- Think of one improvement that would help make your inspections more useful.

## Toolbox Attendance

Questions? \_\_\_\_\_  
\_\_\_\_\_

Concerns? \_\_\_\_\_  
\_\_\_\_\_

Days since Last Incident: \_\_\_\_\_

Supervisor/Meeting Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of attendees:


Manager review comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Manager signature: \_\_\_\_\_ Date of Review: \_\_\_\_\_