# 1.0 PROCEDURE SUPPORTS

The Nova Scotia Occupational Safety Act and Regulations

The Nova Scotia Fire Safety Act

The Nova Scotia Community College Health and Safety Policy

The 5S+S Process is a system designed to achieve a high state of safety and organization. Through reducing waste and maintaining an orderly workplace we can achieve a working environment that shines with pride. At the same time, we can take comfort that we are creating a safe working and learning environment for ourselves and our students.

The following 5S+S sample inspection forms are included**:**

**APPENDIX A:** Classroom

**APPENDIX B:** Office

**APPENDIX C:** Shop

**APPENDIX D:** Maintenance

**APPENDIX E:** Laboratory

**APPENDIX F:** Culinary

This checklist is intended to provide general guidance on inspecting your classroom for health and safety hazards. It is not an exhaustive list. Customize this list to fit your environment and activities. Please fill in appropriate boxes

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| --- | --- | --- |
| Date of Inspection: | Inspection Performed by: | Location of Inspection: |
|  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Items** | | | | **Yes** | **No** | **N/A** | **Document: 1. Deficiency**  **2. Action to rectify deficiency**  **3. Person Responsible**  **4. Target Completion Date** | **Date Action Completed** |
| 1 | Housekeeping | A | Is your workplace clean and tidy? |  |  |  |  |  |
| B | Is waste promptly & properly disposed of? |  |  |  |  |  |
| C | Are surface dust levels low? |  |  |  |  |  |
| 2 | Floors, Aisles & Exits | A | Clear and unobstructed. |  |  |  |  |  |
| 3 | Classroom furniture | A | Is furniture in good working order? |  |  |  |  |  |
| B | Does any furniture pose a risk? (Jagged edges, loose or missing nuts and bolts) |  |  |  |  |  |
| C | Is all the equipment in good working order? (Computers, monitors, smart boards, overhead projector, etc.) |  |  |  |  |  |
| 4 | Lighting | A | Are all the classroom lights working? |  |  |  |  |  |
| B | Do any of the light fixtures need new bulbs or tubes? |  |  |  |  |  |
| 5 | Electrical Safety | A | Electrical cords, plugs and sockets are in good condition. |  |  |  |  |  |
| B | Are there any electrical outlets overloaded? |  |  |  |  |  |
| C | Are extension cords in use? |  |  |  |  |  |
| D | Have extension cords been in use for more than 30 days to supply temporary power? If yes, please notify the Facilities Department. |  |  |  |  |  |
| E | Do extension cords pose a tripping hazard? |  |  |  |  |  |
| F | Are power bars in use? |  |  |  |  |  |
| G | Are the power bars affixed to the wall, or furniture? If no, please notify the Facilities Department. |  |  |  |  |  |
| 6 | Fire Safety | A | Are all ceiling tiles installed? |  |  |  |  |  |
| B | Are sprinkler heads unobstructed? |  |  |  |  |  |
| C | Is more than 20% of wall space covered with combustibles? |  |  |  |  |  |
|  | Are any items stored within 18” from the bottom of the sprinkler heads? |  |  |  |  |  |
| D | Have extinguishers in the area been inspected for the month? |  |  |  |  |  |
| 7 | Security/ Personal Safety | A | Are windows covered with posters? |  |  |  |  |  |
| B | Does the lock on the door function properly? |  |  |  |  |  |
| 8 | First Aid Cabinet | A | Does the first aid kit in the area have adequate supplies? |  |  |  |  |  |
| B | Is the cabinet accessible and clean? |  |  |  |  |  |

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| Reviewed by (Manager / Supervisor): |  | Date: |  |
| Reviewed with (Employee(s)): |  | Date: |  |
| Associated Facilities Work Request Form #(s): |  | | |

*This checklist is intended to provide general guidance on inspecting your classroom for health and safety hazards. It is not an exhaustive list. Customize this list to fit your environment and activities*. *Please fill in appropriate boxes*

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| **Items** | | | | **Yes** | **No** | **N/A** | **Document: 1. Deficiency**  **2. Action to rectify deficiency**  **3. Person responsible**  **4. Target Completion date** | **Date Action Completed** |
| 1 | Housekeeping | A | Is your workplace clean and tidy? |  |  |  |  |  |
| B | Is garbage properly disposed of? |  |  |  |  |  |
| C | Are surface dust levels low? |  |  |  |  |  |
| D | Is everyone utilizing recycling? |  |  |  |  |  |
| 2 | Office Furniture and Equipment | A | Is furniture and equipment in good working order? |  |  |  |  |  |
| B | Does any furniture or equipment pose a risk? (i.e., jagged edges, loose or missing nuts and bolts) |  |  |  |  |  |
| C | Is all the equipment in good working order? Computers, monitors, smart boards, overhead projector, etc.? |  |  |  |  |  |
| D | Are the surfaces of furniture and equipment clean and dust free? |  |  |  |  |  |
| E | Are the shelves and filing cabinets securely fastened to the wall and/or floor? |  |  |  |  |  |
| F | Are the shelves and filing cabinets overloaded? |  |  |  |  |  |
| 3 | Floors, Aisles & Exits | A | Clear and unobstructed. |  |  |  |  |  |
| B | Clean and tidy. |  |  |  |  |  |
| 4 | Lighting | A | Are all the office lights working? (overhead and desk lamps) |  |  |  |  |  |
| B | Do any of the light fixtures need new bulbs or tubes? |  |  |  |  |  |
| 5 | Electrical Safety | A | Electrical cords, plugs and sockets are in good condition. |  |  |  |  |  |
| B | Are there any electrical outlets overloaded? |  |  |  |  |  |
| C | Are extension cords in use? |  |  |  |  |  |
| D | Have extension cords been in use for more than 30 days to supply temporary power? If yes, please notify the Facilities Department. |  |  |  |  |  |
| E | Do extension cords pose a tripping hazard? |  |  |  |  |  |
| F | Are power bars in use? |  |  |  |  |  |
| G | Are the power bars affixed to the wall, or furniture? If no, please notify the Facilities Department. |  |  |  |  |  |
| H | Is an approved portable electric heater in use? |  |  |  |  |  |
| I | Is the heater plugged directly into a wall receptacle? If no, please notify the Facilities Department. |  |  |  |  |  |
| J | Is there a minimum 3’ clearance maintained around the heater at all times? |  |  |  |  |  |
| 6 | Security/ Personal Safety | A | If office is accessible to public, handling valuables (i.e., cash) is done in a secure place. |  |  |  |  |  |
| B | Are staff members familiar with evacuation, lock-down, medical & security procedures? |  |  |  |  |  |
| C | Adequate lighting in and around work areas. |  |  |  |  |  |
| D | Are windows covered with posters? |  |  |  |  |  |
| E | Does the lock on the door function properly? |  |  |  |  |  |
| 7 | Fire Safety | A | Are all ceiling tiles installed? |  |  |  |  |  |
| B | Are sprinkler heads unobstructed? |  |  |  |  |  |
| C | Are any items stored within 18” from the bottom of the sprinkler heads? |  |  |  |  |  |
| D | Is more than 20% of wall space covered with combustibles? |  |  |  |  |  |
| E | Have extinguishers in the area been inspected for the month? |  |  |  |  |  |
| 8 | First Aid Cabinet | A | Does the first aid kit in the area have adequate supplies? |  |  |  |  |  |
| B | Is the cabinet accessible and clean? |  |  |  |  |  |

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| 1 | Aisles and Passages | A | Full width, clear of obstacles and clean. |  |  |  |  |  |
| B | Well labeled (appropriate and visible floor markings). |  |  |  |  |  |
| C | Blind intersections have STOP marking and/ or a mirror. |  |  |  |  |  |
| 2 | Floor Surface | A | Clean and free from slipping or stumbling risk. |  |  |  |  |  |
| 3 | Walls/ Partitions | A | Clean and optimal usage of Visual Controls. |  |  |  |  |  |
| 4 | Windows | A | Clean and free of objects (stickers/ posters) obstructing visibility. |  |  |  |  |  |
| 5 | Columns and Ceiling | A | Clean and properly identified. |  |  |  |  |  |
| 6 | Lighting | A | Light fixtures well-located and secured properly. |  |  |  |  |  |
| B | Adequate for tasks conducted. |  |  |  |  |  |
| C | Floors, aisles, and staircases well-lit. |  |  |  |  |  |
| 7 | Electrical Apparatus | A | Sufficient work area (3 ft in front and 1 ½ feet on each side) |  |  |  |  |  |
| B | Electrical panels clean and accessible. (3 ft in front and 11/2 feet on each side) |  |  |  |  |  |
| C | Are extension cords used as permanent wiring? If yes, please notify the Facilities Department. |  |  |  |  |  |
| D | Adequate electrical outlets |  |  |  |  |  |
| E | Electrical panel and breaker well-identified. |  |  |  |  |  |
| F | Electrical wires in good condition and not on the floor or squeezed between sharp parts. |  |  |  |  |  |
| 8 | Workstations and Tables | A | Clean without sharp edges |  |  |  |  |  |
| B | Objects properly located without risk of falling (including parts) |  |  |  |  |  |
| C | Dust, vapor, or haze vacuum system used at needed workstations |  |  |  |  |  |
| 9 | Items on the Floor and Moveable Equipment | A | Clearly defined storage areas. |  |  |  |  |  |
| 10 | Manual and Portable Tools | A | Adequate, without sharp edges and well-maintained |  |  |  |  |  |
| B | Weight of 30lb + identified and marked |  |  |  |  |  |
| C | Tool Protective devices well-used and in good conditioned |  |  |  |  |  |
| 11 | Racks, Shelves, Cupboards, Cabinets and Contents | A | Clean and free of debris. |  |  |  |  |  |
| B | Properly secured to the floor or wall. |  |  |  |  |  |
| C | Are they overloaded? |  |  |  |  |  |
| D | Maximum storage capacity clearly marked. |  |  |  |  |  |
| 12 | Stacked Material | A | Stable without risk of falling. |  |  |  |  |  |
| B | Objects stored in an orderly fashion. |  |  |  |  |  |
| 13 | Hoists/ Cranes/ Lifting Devices | A | Load capacity is clearly identified and respected. |  |  |  |  |  |
| B | Do hanging loads have surveillance? |  |  |  |  |  |
| C | Work area tidy and clear of debris. |  |  |  |  |  |
| D | Is there any work under a suspended load? |  |  |  |  |  |
| E | Clean and in good condition. |  |  |  |  |  |
| F | Hoists/ Cranes/ Lifting Devices have been inspected |  |  |  |  |  |
| 14 | Chains/ Slings/ Hooks/ Tooling and Baskets | A | Adequate, in good condition |  |  |  |  |  |
| B | Load capacity clearly identified. |  |  |  |  |  |
| 15 | Personal Protective Equipment (PPE) | A | Readable posters or pictograms with required PPE are posted at the workstations. |  |  |  |  |  |
| B | In good condition and stored in an appropriate way. |  |  |  |  |  |
| C | Being used at the identified workstations. |  |  |  |  |  |
| 16 | Lock Out/ Tag Out | A | Lock Out/ Tag Out system in place. |  |  |  |  |  |
| B | Check points are identified on the equipment. |  |  |  |  |  |
| C | Lock out/ Tag out devices are only used for Lock out/ Tag out purposes. |  |  |  |  |  |
| D | Procedures are respected during repair, Preventative Maintenance (PM) or setup. |  |  |  |  |  |
| 17 | Compressed Gas Cylinder | A | Vertically located & properly secured. |  |  |  |  |  |
| B | Far from sources of heat. |  |  |  |  |  |
| C | Located in dry and well-ventilated area. |  |  |  |  |  |
| D | Appropriate carts and protective caps in place during transport and storage. |  |  |  |  |  |
| E | Cylinders labeled with WHMIS code readable/ meet standards. |  |  |  |  |  |
| F | Hoses without leaks or damage. |  |  |  |  |  |
| 18 | Shop Safety Controls | A | Machine guarding in good condition and used. |  |  |  |  |  |
| B | Equipment clean and functional |  |  |  |  |  |
| C | Emergency stop labeled, accessible and functional. |  |  |  |  |  |
| 19 | Hydraulic and Pneumatic Equipment | A | Piping and holding bands are in good condition on hydraulic equipment. |  |  |  |  |  |
| B | No leaks. |  |  |  |  |  |
| 20 | Compressed Air Piping | A | The pressure limitation nozzles and the regulators are functional and integral (30 PSI norm). |  |  |  |  |  |
| B | Valves, piping, and connectors are functional and do not show wear. |  |  |  |  |  |
| 21 | Controlled products WHMIS | A | Flammable products stored in approved containers and flammable liquids cabinet. |  |  |  |  |  |
| B | All containers properly labeled with the WHMIS code. |  |  |  |  |  |
| C | Do all chemical dispensers including stored chemicals have secondary containment? |  |  |  |  |  |
| D | Are all decanted products are labeled with workplace labels? |  |  |  |  |  |
| E | SDS are up to date. |  |  |  |  |  |
| 22 | Hazardous Materials | A | Containers are clean, in good condition and closed. |  |  |  |  |  |
| B | Storage location identified. |  |  |  |  |  |
| C | The contents respect the label. |  |  |  |  |  |
| 23 | Non-Hazardous Waste | A | No dangerous or recycling waste are in the domestic trash. |  |  |  |  |  |
| B | Recycling containers available, where applicable. |  |  |  |  |  |
| 24 | Emergency Wash  Eye Wash  Fire Extinguishers Spill Cabinets Emergency Exits First Aid Cabinet | A | Accessible, free of obstructions and clean. |  |  |  |  |  |
| B | Sign is visible. |  |  |  |  |  |
| C | Has the eyewash been inspected for the month/is it operating? |  |  |  |  |  |
| D | Have extinguishers in the area been inspected for the month? |  |  |  |  |  |
| E | Are sprinkler heads unobstructed? |  |  |  |  |  |
| F | Does the first aid cabinet in the area have adequate supplies? |  |  |  |  |  |
| G | Does the first aid cabinet in the area have adequate supplies? |  |  |  |  |  |
| H | Spill kits are stocked and ready to deploy. |  |  |  |  |  |
| 25 | General Safety Information | A | Is Information Safety Board current? |  |  |  |  |  |
| B | Are Safe Work procedures available? |  |  |  |  |  |
| C | Are 5S+S records up to date? |  |  |  |  |  |
| D | Is SDS binder available? |  |  |  |  |  |
| E | Are Emergency procedures current and posted? |  |  |  |  |  |
| F | Are Emergency phone numbers posted in a visible area? |  |  |  |  |  |

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| 1 | General Safety | A | Is your workplace clean and tidy? |  |  |  |  |  |
| B | Is waste material properly disposed of? |  |  |  |  |  |
| C | Are the surface dust levels low? |  |  |  |  |  |
| D | Is the workbench uncluttered and accessible? |  |  |  |  |  |
| E | Is the utility sink functioning and clean? |  |  |  |  |  |
| F | Is there enough room to work? |  |  |  |  |  |
| G | Is the mop bucket empty and clean? |  |  |  |  |  |
| H | Does the first aid cabinet in the area have adequate supplies? |  |  |  |  |  |
| I | Is the cabinet accessible and clean? |  |  |  |  |  |
| J | Is there and are you using appropriate Personal Protective Equipment? (aprons, gloves, goggles, and footwear) |  |  |  |  |  |
| K | Do all chemicals dispensers including stored chemicals have secondary containment? |  |  |  |  |  |
| L | Are you disposing of chemicals (cleaning supplies) in an appropriate manner |  |  |  |  |  |
| M | Are all bottles/containers properly labeled? |  |  |  |  |  |
| N | Are all SDS sheets accessible and up to date? |  |  |  |  |  |
| O | Are emergency phone numbers posted in a visible area? |  |  |  |  |  |
| 2 | Floors, Aisles & Exits | A | Clear and unobstructed. |  |  |  |  |  |
| B | Are equipment and supplies stored properly and not on the floor? (shelving, designated areas) |  |  |  |  |  |
| 3 | Lighting | A | Are all the lights working? |  |  |  |  |  |
| B | Do any of the light fixtures need new bulbs or tubes? |  |  |  |  |  |
| 4 | Shelving | A | Are your shelves in good working order? |  |  |  |  |  |
| B | Are they secured to the wall and/or floor? |  |  |  |  |  |
| C | Are the shelves overloaded? |  |  |  |  |  |
| D | Are shelves free of hazards? (jagged edge, loose construction) |  |  |  |  |  |
| E | Are supplies stored on shelves weighing over 30 lbs above a reasonable accessible height? (5 feet) |  |  |  |  |  |
| F | Is there a ladder or a step stool available to reach objects stored above arms reach? |  |  |  |  |  |
| 5 | Electrical Safety | A | Electrical cords, plugs and sockets in good condition. |  |  |  |  |  |
| B | Outlets are not overloaded. |  |  |  |  |  |
| C | Extension cords are not a tripping hazard. |  |  |  |  |  |

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| 1 | Signage | A | Emergency Contact Signs visible. |  |  |  |  |  |
| B | No eating, Eye Wash, First Aid Kit, Fire Extinguisher signs visible. |  |  |  |  |  |
| C | Operating Safety Hazards posted on the equipment (i.e., fume hoods) |  |  |  |  |  |
| 2 | General Lab Safety | A | First Aid Kit available, unobstructed, inspected and stocked. |  |  |  |  |  |
| B | Entrances exits, work areas and aisles tidy and unobstructed. |  |  |  |  |  |
| C | Floors tidy and dry. |  |  |  |  |  |
| D | Are electrical cords a tripping hazard? |  |  |  |  |  |
| E | Are outlets overloaded? |  |  |  |  |  |
| F | Electrical cords, plugs and sockets are in good condition. |  |  |  |  |  |
| G | Ladder available to reach high places. |  |  |  |  |  |
| H | Adequate Lighting. |  |  |  |  |  |
| I | Work areas are neat and tidy. |  |  |  |  |  |
| J | Compressed gas cylinders properly secured and labeled |  |  |  |  |  |
| K | Electrical panel accessible |  |  |  |  |  |
| L | Laboratory entry doors locked when unattended. |  |  |  |  |  |
| 3 | Emergency Evacuation | A | Exits are visible and unobstructed. |  |  |  |  |  |
| B | Employees and Students know procedures for a general emergency evacuation. |  |  |  |  |  |
| 4 | Fire Extinguishers | A | Correct type of fire extinguishers available and charged. |  |  |  |  |  |
| B | Fire extinguisher has been inspected for the month. |  |  |  |  |  |
| 5 | Employee Training | A | Employees and Students have received Laboratory-specific safety training as per instruction, usage and learning outcomes. |  |  |  |  |  |
| B | Laboratory Safety Manual readily available |  |  |  |  |  |
| 6 | Personal Protective Equipment | A | PPE available and being used properly by Employees and Students. |  |  |  |  |  |
| B | Proper attire (i.e., lab coats) are being worn by Employees and Students. |  |  |  |  |  |
| 7 | Chemical Storage and Handling | A | Safety Data Sheets (SDS) are accessible and up to date. |  |  |  |  |  |
| B | Chemical inventory up-to-date and accessible |  |  |  |  |  |
| C | Employees are familiar with Chemical spill clean-up procedures. |  |  |  |  |  |
| D | Chemicals stored by classification. |  |  |  |  |  |
| E | Chemicals properly labeled and stored. |  |  |  |  |  |
| F | Chemicals not stored in high places (above 5 feet). |  |  |  |  |  |
| 8 | Safety Showers and Eye Wash Stations | A | Safety Shower operating. |  |  |  |  |  |
| B | Safety Shower tested, inspected, and recorded regularly. |  |  |  |  |  |
| C | Eye Wash station operating. |  |  |  |  |  |
| D | Eye Wash station is accessible and unobstructed |  |  |  |  |  |
| 9 | Fume hoods | A | Passed Inspection. |  |  |  |  |  |
| B | Uncluttered and Accessible. |  |  |  |  |  |
| C | Operating at negative pressure. |  |  |  |  |  |
| D | Equipment and chemicals 6-inches from sash. |  |  |  |  |  |
| 10 | Flammables Storage Cabinets | A | Storage cabinets in good condition. |  |  |  |  |  |
| B | High quantities of chemicals stored in storage cabinets. |  |  |  |  |  |
| C | Storage Cabinet doors closed and secured when not in use. |  |  |  |  |  |
| 11 | Chemical Waste | A | Waste containers labeled. |  |  |  |  |  |
| B | Waste in containers properly identified. |  |  |  |  |  |
| C | Waste containers in good condition. |  |  |  |  |  |
| D | Waste minimization practiced as much as possible. |  |  |  |  |  |
| E | Incompatible waste stored separately. |  |  |  |  |  |
| F | Waste containers much have secure lids/caps to prevent leakage. |  |  |  |  |  |
| G | Lid must be always on unless adding waste. |  |  |  |  |  |
| H | Storage Cabinet used to store reactive waste chemicals. |  |  |  |  |  |
| I | Proper disposal of waste chemical procedure known by Employees and Students. |  |  |  |  |  |
| 12 | Sharps Waste | A | Sharps (glass, syringes, razor blades, etc.) containers in good condition. |  |  |  |  |  |
| B | Sharps container disposal procedures known by Employees and Students. |  |  |  |  |  |
| C | Sharps container emptied regularly |  |  |  |  |  |
| 13 | Biological Waste | A | Waste containers labeled and in good condition. |  |  |  |  |  |
| B | Biological Waste container disposal procedures known by Employees and Students. |  |  |  |  |  |
| C | Biological Waste container emptied regularly |  |  |  |  |  |

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| 1 | General Safety | A | Is your workplace clean and tidy? |  |  |  |  |  |
| B | Is waste material properly disposed of? |  |  |  |  |  |
| C | Is there enough room to work? |  |  |  |  |  |
| D | Are the mops and mop buckets clean and/ or empty? |  |  |  |  |  |
| E | Does the first aid kit in the area have adequate supplies? |  |  |  |  |  |
| F | Is the cabinet accessible and clean? |  |  |  |  |  |
| G | Are Employees/ students familiar with applying first aid in the event of an accident? |  |  |  |  |  |
| H | Is there and are you using appropriate Personal Protective Equipment? (aprons, gloves {heat and cleaning} and footwear) |  |  |  |  |  |
| I | Do all chemical dispensers including stored chemicals have secondary containment? |  |  |  |  |  |
| J | Are you disposing of chemicals (cleaning supplies) in an appropriate manner? |  |  |  |  |  |
| K | Are all bottles/containers (cleaning supplies, cooking oil, etc.) properly labeled? |  |  |  |  |  |
| L | Are all Safety Data Sheets (SDS) accessible and up to date? |  |  |  |  |  |
| M | Are emergency phone numbers posted in a visible area? |  |  |  |  |  |
| N | Is information Safety Information Station current? |  |  |  |  |  |
| O | Are Safe Work procedures available? |  |  |  |  |  |
| P | Are the 5S+S records up to date? |  |  |  |  |  |
| Q | Are Emergency procedures current and posted? |  |  |  |  |  |
| R | Are appropriate signs posted and visible? (i.e., signs to warn of hot equipment) |  |  |  |  |  |
| 2 | Work Environment | A | Is the facility free of insect and rodent infestation? |  |  |  |  |  |
| B | Are dumpster lids kept closed and dumpster areas kept clean and organized? |  |  |  |  |  |
| 3 | Floors, Aisles & Exits | A | Clear and unobstructed. |  |  |  |  |  |
| B | Are equipment and supplies stored properly and not on the floor? (shelving, designated areas) |  |  |  |  |  |
| C | Floors are clean of all slipping risks? |  |  |  |  |  |
| 4 | Lighting | A | Are all the lights working? |  |  |  |  |  |
| B | Do any of the light fixtures need new bulbs or tubes? |  |  |  |  |  |
| C | Adequate for tasks conducted. |  |  |  |  |  |
| D | Floors and aisles well-lit. |  |  |  |  |  |
| 5 | Shelving | A | Are your shelves in good working order? |  |  |  |  |  |
| B | Are they secured to the wall and/ or floor? (If applicable) |  |  |  |  |  |
| C | Are the shelves overloaded? Maximum storage capacity is clearly marked. |  |  |  |  |  |
| D | Are the shelves free of hazards? (jagged edge, loose construction) |  |  |  |  |  |
| E | Are supplies stored on shelves weighing over 30 lbs above a reasonable accessible height? (5 ft) |  |  |  |  |  |
| F | Is there a ladder or step stool available to reach objects stored above arms reach? |  |  |  |  |  |
| 6 | Stacked material | A | Stable without risk of falling. |  |  |  |  |  |
| B | Objects stored in an orderly fashion. |  |  |  |  |  |
| 7 | Electrical Safety | A | Electrical cords, plugs and sockets in good condition. |  |  |  |  |  |
| B | Are outlets overloaded? |  |  |  |  |  |
| C | Extension cords are not a tripping hazard? |  |  |  |  |  |
| D | All electrical equipment is tested and maintained regularly? |  |  |  |  |  |
| E | Training has been provided to Faculty/ Students in electrical safety of associated culinary equipment. |  |  |  |  |  |
| 8 | Machinery | A | There is a safety guard on appropriate culinary equipment. (mixers, meat saw, slicers, food choppers, etc.) |  |  |  |  |  |
| B | All machinery is maintained regularly. |  |  |  |  |  |
| C | All table-top machinery is fixed securely to the benchtop. |  |  |  |  |  |
| D | All machinery is maintained regularly. |  |  |  |  |  |
| 9 | Gas/ Fire | A | All Employees/Students have been trained for an emergency drill in the event of a gas leak. |  |  |  |  |  |
| B | At least one type K (Kitchen) fire extinguisher is in the kitchen. |  |  |  |  |  |
| C | Extinguishers have been inspected for the month. |  |  |  |  |  |
| D | Diagram of Evacuation Route is posted at entrances of Kitchen. |  |  |  |  |  |
| E | Hoods, ducts, and grease filters are visibly free of grease. (requires regular commercial cleaning) |  |  |  |  |  |
| F | Towels, curtains, and other flammables located away from heat sources. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by (Manager / Supervisor): |  | Date: |  |
| Reviewed with (Employee(s)): |  | Date: |  |
| Associated Facilities Work Request Form #(s): |  | | |