
(Signature)

CATEGORY	YES	NO	ACTION REQUIRED	COMPLETION DATE
A. WORKPLACE CONDITIONS				
1. Floors				
• Free of trip, slip, fall hazards.				
• Free of protrusions, loose tiles, or carpets.				
2. Aisles, Walkways				
• Clear and unobstructed.				
3. Stairs				
• Clear and unobstructed.				
• Tread and edgings slip resistant.				



<ul style="list-style-type: none"> Railing provided and in good condition. 				
4. Exits				
<ul style="list-style-type: none"> Clear and unobstructed. 				
<ul style="list-style-type: none"> Outside landings, walkways clean (snow and ice). 				
5. Lighting				
<ul style="list-style-type: none"> Walking/working areas adequately illuminated. 				
<ul style="list-style-type: none"> Light fixtures in good condition. 				
6. Ergonomics				

- Are proper ergonomic furniture/19-1(1)14: /P EMC /P q 0 Td ()336t4(ed-5(good)1u0 T5(goo(gond?.754 0 Td ()Tj 5na1/P <</M



E. EMERGENCY SYSTEMS				
1. First Aid				
<ul style="list-style-type: none"> Adequately stocked – first aid kits provided 				
<ul style="list-style-type: none"> Treatment recorded in record book. 				
2. Smoke Detectors				
<ul style="list-style-type: none"> Properly installed with working batteries. 				
3. Fire Extinguishers				
<ul style="list-style-type: none"> Properly mounted, inspection date noted and signed. 				
F. GENERAL FACILITY				
1. Worker works in a safe manner.				
2. Good housekeeping and sanitary practices in washrooms and kitchens.			1.	