

Monthly Inspection Checklist

| | |
|-----------------------|-------------------|
| Site/Contractor Name: | Date: |
| Location: | No. of Employees: |
| Conducted By: | |

S - Satisfactory **NS** - Not Satisfactory **NA** - Not Applicable

| Item Inspected | S | NS | NA | Requires Immediate Action |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 1. SITE ACCESS | | | | |
| Clean, level ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequate ramps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequate stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequate ladders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. HOUSEKEEPING | | | | |
| Clear walkways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clear work areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clear access and landing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. PERSONAL PROTECTIVE EQUIPMENT | | | | |
| Head protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Foot protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Eye protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hearing protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Respiratory protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fall protection (plan, rescue) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. LADDERS | | | | |
| Secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper angle (extension ladders) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper size and type | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safe, usable condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper handrail and landings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Non-slip bases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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| 5. SCAFFOLDS | | | | |
| Properly erected (all parts used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly planked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper guardrails, toeboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper access to platform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Acceptable loading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. POWER TOOLS, EQUIPMENT | | | | |
| General condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper guards, cords, PPE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tagging as DEFECTIVE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. STAIRWELLS & RAMPS | | | | |
| Proper filler blocks in metal stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper cleats on ramps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequate lighting in stairwells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper handrails or guardrails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. TRAFFIC CONTROL | | | | |
| Trained traffic controllers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clean, regulation sign | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly dressed (including vest) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. PUBLIC WAY PROTECTION | | | | |
| Properly located (within 4.5 m) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Entrances clearly marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Covered where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Min. height, width requirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper rail on street side | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper lighting, where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. FALL PROTECTION | | | | |
| CSA approved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly worn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safe, usable condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Unprotected openings and edges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Working from: <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Swingstages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. GUARDRAILS, BARRICADES | | | | |
| Located where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly constructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequately secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. GAS CYLINDERS | | | | |
| Properly located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly moved or lifted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly hooked up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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| 13. CONFINED SPACES | | | | |
| Proper access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Air testing before entry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Rescue equipment readily available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safety harness, lifeline properly anchored & used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Second person for rescue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Outgoing air monitored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Entry permit where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14. FIRST AID REQUIRMENTS | | | | |
| Adequate qualified first aiders on jobsite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| First aid kits: <input type="checkbox"/> Adequate number <input type="checkbox"/> Adequate contents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 15. FIRE PROTECTION | | | | |
| Master emergency plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Extinguishers where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fully charged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Adequately identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16. CRANES, HOISTS, ETC. | | | | |
| Safe setup of equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Maintenance log available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Competent operator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Condition of slings, hardware | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safety catches on all hooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper use of tag lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper lifting containers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Competent signaller | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 17. WELDING | | | | |
| Rods & cylinders properly labeled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| MSDSs readily available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly secured ground cables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper eye protection worn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper screens and exhaust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Gas cylinders upright and secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fire extinguisher readily available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 18. ELEVATING WORK PLATFORM | | | | |
| Worker training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safe, usable condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Acceptable loading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Manufacturer's operating manual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 19. TRENCHES & EXCAVATIONS | | | | |
| Properly sloped, where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Excavated soil properly placed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Appropriate shoring used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper access to trench | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Proper storage of materials in and above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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| 20. EXTENSION CORDS | | | | |
| Outdoor-type, rated over 300 volts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Condition of casing, ends, connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| GFCIs used where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 21. TEMPORARY POWER SUPPLY | | | | |
| Properly identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Overhead lines flagged & secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Surface cables buried or protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 22. MATERIALS STORAGE | | | | |
| Properly located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safely piled, stacked, bundled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly moved or lifted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Properly labeled (WHMIS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 23. FORMWORK | | | | |
| Guardrails and fall-arrest system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Design drawings kept on project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Inspection statement by engineer or competent worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 24. SUSPENDED SCAFFOLDS | | | | |
| Properly attached and capable of 4 times max. load | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Outrigger beam tied to fixed support with counterweight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| All mechanical/electrical devices in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Independent lifelines for each worker (extend to ground) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Engineer's drawing on site if required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 25. SIGNS & PRINT MATERIAL | | | | |
| OH&S Act and Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| WSIB <i>In Case of Injury</i> Poster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| MOL <i>Health & Safety at Work</i> Poster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| MSDSs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Warning signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Emergency response plan and phone list | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Report forms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 26. WORKER EDUCATION | | | | |
| WHMIS training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Company safety policies & program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Injury reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hazard reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| OH&S Act and Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Personal H&S responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 27. HYGIENE | | | | |
| Washroom facilities available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cleanliness of facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Injury/hazard reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Personal responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Safety policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |