



# Construction Health & Safety Audit Inspection Checklist

Inspected by: _____	Signature: _____
Store Number & Location: _____	Project Name: _____
Contractor Name: _____	Copies to: <b>LCBO Manager of Contractor Safety</b>
Inspection Date: _____	Overall Inspection Score: _____ ( <u>G</u> ood, <u>A</u> cceptable, <u>U</u> nacceptable)

**1 Competent Site Supervision**                      **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Competent Site Supervisor                                                                                        \_\_\_\_\_

Competent Acting Site Supervisor                                                                                        \_\_\_\_\_

**2 SITE ACCESS**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Clean, clear                                                                      \_\_\_\_\_

Adequate ramps                                                                      \_\_\_\_\_

Adequate stairs                                                                      \_\_\_\_\_

Adequate ladders                                                                      \_\_\_\_\_

**3 PROTECTIVE EQUIPMENT**                      **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Hard hats worn                                                                      \_\_\_\_\_

Foot protection worn                                                                      \_\_\_\_\_

Fall protection worn                                                                      \_\_\_\_\_

**4 GUARDRAILS, BARRICADES**                      **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Located where required                                                                      \_\_\_\_\_

Properly constructed/Secured                                                                      \_\_\_\_\_

**5 LADDERS/SCAFFOLDS**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Secured/Tied off (extension ladders)                                                                      \_\_\_\_\_

Proper angle (extension ladders)                                                                      \_\_\_\_\_

Proper size and type                                                                      \_\_\_\_\_

Safe, usable condition                                                                      \_\_\_\_\_

**6 HOARDING**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Secure and in good condition                                                                      \_\_\_\_\_

Located where required                                                                      \_\_\_\_\_

**7 FIRE PROTECTION**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Extinguishers (by Contractor)                                                                      \_\_\_\_\_

**8 HOUSEKEEPING**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Clear walkways/doorways                                                                      \_\_\_\_\_

Clear work areas                                                                      \_\_\_\_\_

Garbage/debris in controlled piles or bins                                                                      \_\_\_\_\_

**9 FALL PROTECTION IN USE**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

Unprotected Openings and Edges                                                                      \_\_\_\_\_

Working from Scaffolds                                                                      \_\_\_\_\_

**10 EXTENSION CORDS**    **N/A**                      **OK**                      **NOT OK**                      **ACTION:** \_\_\_\_\_

General condition of casing, ends, and connections                                                                      \_\_\_\_\_

Trip hazards                                                                      \_\_\_\_\_

<b>11 WORKER EDUCATION</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basics of fall protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrician's C of Q card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas fitters License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others (as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>12 FIRST AID REQUIREMENTS</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
First aid kits (by Contractor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				_____
				_____

<b>13 ELEVATING WORK PLATFORM</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
Properly used (tied off to platform)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				_____
				_____

<b>14 SIGNS &amp; PRINT MATERIAL</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H&S Policy & Program (Contractor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Response Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MOL Reports/Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>15 Temporary Electrical Panels</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
Panel in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panel properly/securely mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				_____

<b>16 Adequate Work Place Lighting</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
Adequate lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				_____
				_____

<b>17 Adequate Ventilation</b>	<b>N/A</b>	<b>OK</b>	<b>NOT OK</b>	<b>ACTION:</b> _____
Work area free of fumes and smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fumes and smoke properly/safely vented to the outside of building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepa-filter used to vent work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Other Comments/Concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scoring Guide:** **G** (Good) - 1 or less contraventions observed

**A** (Acceptable) - **3 contraventions, excluding** Inspection Item #1, "**Competent Site Supervision**" or less than 3 contraventions observed

**U** (Unacceptable) - 3 contraventions observed, one of which **is** Inspection Item #1, "**Competent Site Supervision**" or more than 3 contraventions observed

Contractor's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_