**Hazard Type A** = Serious hazard requiring immediate attention/ stop work **Hazard Type B** = Hazard requiring action as soon as possible (e.g., torn or frayed carpets)

Hazard Type C = Hazard requiring action

|  |            |                         |  |            | Walk-throu       | ugh Inspection    |
|--|------------|-------------------------|--|------------|------------------|-------------------|
| Item to be checked   | Yes/<br>No | Hazard<br>Type<br>A/B/C | Description & Recommended Corrective/<br>Preventive Action | Supervisor | Date<br>Notified | Date<br>Completed |
| Stairwells Specify:  |            |                         |  | •          |                  |                   |
| Adequate lighting  |            |                         |  |            |                  |                   |
| Steps and handrail in good condition (e.g. slip/ trip hazards)   |            |                         |  |            |                  |                   |
| Exit sign illuminated  |            |                         |  |            |                  |                   |
| Door to outside latches properly and has a panic bar   |            |                         |  |            |                  |                   |
| Uneven steps marked with yellow paint until repaired or replaced   |            |                         |  |            |                  |                   |
| Emergency lighting tested and operational  |            |                         |  |            |                  |                   |
| Nothing stored on landings, etc.   |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
| Hallways, Rooms & Stages Specify:  |            |                         |  |            |                  |                   |
| Adequate lighting  |            |                         |  |            |                  |                   |
| Electrical cords, switch & receptacle covers, electrical   |            |                         |  |            |                  |                   |
| appliances, conduit in good condition  |            |                         |  |            |                  |                   |
| Child-resistant covers on electrical receptacles   |            |                         |  |            |                  |                   |
| Floor in good condition (no slip & trip hazards; without leaks, protruding nails, loose boards, curled mats, loose tiles, etc) |            |                         |  |            |                  |                   |
| Proper stacking and storage of materials (e.g. cardboard)  |            |                         |  |            |                  |                   |
| No leaks or spills   |            |                         |  |            |                  |                   |
| No evidence of infestation   |            |                         |  |            |                  |                   |
| Proper storage of hazardous materials  |            |                         |  |            |                  |                   |
| Clear exit route   |            |                         |  |            |                  |                   |
| Fire alarm pull stations are accessible & emergency instructions   |            |                         |  |            |                  |                   |
| posted   |            |                         |  |            |                  |                   |
| Fire extinguisher in place and fully pressurized   |            |                         |  |            |                  |                   |
| No accumulation of combustible materials   |            |                         |  |            |                  |                   |
| Exit sign illuminated  |            |                         |  |            |                  |                   |
| Wet floor signs used when cleaning   |            |                         |  |            |                  |                   |
| Emergency lighting tested and operational.   |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |

**Hazard Type A** = Serious hazard requiring immediate attention/ stop work **Hazard Type B** = Hazard requiring action as soon as possible (e.g., torn or frayed carpets)

Hazard Type C = Hazard requiring action

|  |      |        |                                       |            | Walk-throw | ugh Inspection |
|--|------|--------|---------------------------------------|------------|------------|----------------|
| Item to be checked   | Yes/ | Hazard | Description & Recommended Corrective/ | Supervisor | Date       | Date           |
|  | No   | Туре   | <b>Preventive Action</b>              |            | Notified   | Completed      |
|  |      | A/B/C  |                                       |            |            |                |
| Washrooms Specify:   | -    |        |                                       |            |            |                |
| Adequate lighting  |      |        |                                       |            |            |                |
| Electrical cords, switch & receptacle covers, electrical   |      |        |                                       |            |            |                |
| appliances, conduit in good condition  |      |        |                                       |            |            |                |
| Floor in good condition (no slip & trip hazards; without leaks, protruding nails, loose boards, curled mats, loose tiles, etc) |      |        |                                       |            |            |                |
| Fixtures in good condition   |      |        |                                       |            |            |                |
| No leaks or spills   |      |        |                                       |            |            |                |
| Overall cleanliness is good  |      |        |                                       |            |            |                |
| Clear exit route   |      |        |                                       |            |            |                |
| No mould   |      |        |                                       |            |            |                |
| Cubicles are stable  |      |        |                                       |            |            |                |
| No evidence of infestation   |      |        |                                       |            |            |                |
| Ground Fault Circuit Interrupt (GFCI) receptacles installed in   |      |        |                                       |            |            |                |
| outlets near sinks/ baths/ showers functioning properly  |      |        |                                       |            |            |                |
|  |      |        |                                       |            |            |                |
|  |      |        |                                       |            |            |                |
|  |      |        |                                       |            |            |                |
| Kitchen Specify:   |      |        |                                       |            |            |                |
| Adequate lighting  |      |        |                                       |            |            |                |
| Electrical cords, switch & receptacle covers, electrical   |      |        |                                       |            |            |                |
| appliances, conduit in good condition  |      |        |                                       |            |            |                |
| Floor in good condition (no slip & trip hazards; without leaks,  |      |        |                                       |            |            |                |
| protruding nails, loose boards, curled mats, loose tiles, etc)<br>Emergency Contact list posted                                |      |        |                                       |            |            |                |
| First Aid Kit present and stocked  |      |        |                                       |            |            |                |
| Fire alarm pull stations are accessible & emergency instructions   |      |        |                                       |            |            |                |
| posted   |      |        |                                       |            |            |                |
| Fire extinguisher in place and fully pressurized   |      |        |                                       |            |            |                |
| No accumulation of grease on oven and stove  |      |        |                                       |            |            |                |
| Overall cleanliness is good  |      |        |                                       |            |            |                |
| Proper stacking and storage materials  |      |        |                                       |            |            |                |
| No evidence of infestation   |      |        |                                       |            |            | 1              |
| Clear exit routes  |      |        |                                       |            |            |                |
| No accumulation of combustible materials   |      |        |                                       |            |            |                |
| Knives and other sharp implements properly stored  |      |        |                                       |            |            |                |
|  |      |        |                                       |            |            |                |

|   |      |        |                                       |            | Walk-throu | ugh Inspection |
|---|------|--------|---------------------------------------|------------|------------|----------------|
| Item to be checked  | Yes/ | Hazard | Description & Recommended Corrective/ | Supervisor | Date       | Date           |
|   | No   | Туре   | <b>Preventive Action</b>              |            | Notified   | Completed      |
|   |      | A/B/C  |                                       |            |            |                |
| Kitchen (continued) Specify:                                    |      |        |                                       |            |            |                |
| Food Safety Guidelines posted                                   |      |        |                                       |            |            |                |
| Ventilation hoods are appropriate and in good condition. Fire   |      |        |                                       |            |            |                |
| suppression systems inspected & maintained. (if present)        |      |        |                                       |            |            |                |
| Proper storage of hazardous materials                           |      |        |                                       |            | <b></b>    |                |
| No accumulation of garbage                                      |      |        |                                       |            | <u> </u>   |                |
| Proper disposal containers                                      |      |        |                                       |            | <u> </u>   |                |
| Ground Fault Circuit Interrupt (GFCI) receptacles installed in  |      |        |                                       |            |            |                |
| outlets near sinks/ baths/ showers functioning properly         |      |        |                                       |            | <u> </u>   |                |
|   |      |        |                                       |            | +          |                |
|   |      |        |                                       |            |            |                |
|   |      |        |                                       |            | L          |                |
| Boiler Room Specify:  |      | I      |                                       |            |            |                |
| Clear exit route  |      |        |                                       |            |            |                |
| Electrical cords, switch & receptacle covers, electrical        |      |        |                                       |            |            |                |
| appliances, conduit in good condition                           |      |        |                                       |            |            |                |
| Floor in good condition (no slip & trip hazards; without leaks, |      |        |                                       |            | <u> </u>   |                |
| protruding nails, loose boards, curled mats, loose tiles, etc)  |      |        |                                       |            |            |                |
| Fire extinguisher in place and fully pressurized                |      |        |                                       |            |            |                |
| Proper storage of materials                                     |      |        |                                       |            |            |                |
| Proper storage of hazardous materials                           |      |        |                                       |            |            |                |
| No accumulation of combustible materials                        |      |        |                                       |            |            |                |
| No exposed insulation   |      |        |                                       |            |            |                |
| Appropriate insulation type (e.g. not asbestos)                 |      |        |                                       |            |            |                |
| Furnace inspection records readily available.                   |      |        |                                       |            |            |                |
| No evidence of water/ steam/ exhaust gas damage                 |      |        |                                       |            |            |                |
|   |      |        |                                       |            |            |                |
|   |      |        |                                       |            |            |                |
|   |      |        |                                       |            |            |                |
| Office Specify:   |      |        |                                       |            |            |                |
| Adequate lighting   |      |        |                                       |            |            |                |
| Electrical cords, switch & receptacle covers, electrical        |      |        |                                       |            |            |                |
| appliances, conduit in good condition                           |      |        |                                       |            | <b></b>    |                |
| Floor in good condition (no slip & trip hazards; without leaks, |      |        |                                       |            |            |                |
| protruding nails, loose boards, curled mats, loose tiles, etc)  |      |        |                                       |            | <u> </u>   | <u> </u>       |

|   |            |                |  |            | Walk-throu       | ugh Inspection    |
|---|------------|----------------|--|------------|------------------|-------------------|
| Item to be checked  | Yes/<br>No | Hazard<br>Type | Description & Recommended Corrective/<br>Preventive Action | Supervisor | Date<br>Notified | Date<br>Completed |
|   |            | A/B/C          |  |            |                  | <u> </u>          |
| Office (continued) Specify: _   |            | <u> </u>       |  | T          | I                |                   |
| Proper stacking and storage of materials and equipment  |            |                |  |            |                  | ļ                 |
| No accumulation of combustible materials  |            |                |  |            |                  |                   |
| At least 2 clear exit route   |            |                |  |            |                  |                   |
| Fire alarm pull stations are accessible & have posted instructions  |            |                |  |            |                  |                   |
| Stairs and banisters in good condition  |            |                |  |            |                  |                   |
| Office furniture ergonomically suitable and in good condition   |            |                |  |            |                  |                   |
| Air quality is good and well ventilated   |            |                |  |            |                  | ĺ                 |
| Security system is working properly with posted procedures  |            |                |  |            |                  |                   |
|   |            |                |  |            |                  |                   |
|   |            |                |  |            |                  |                   |
|   |            |                |  |            |                  | <u> </u>          |
| Sanctuary & Nave Specify: _   |            |                |  |            | -                |                   |
| Adequate lighting   |            |                |  |            |                  |                   |
| Electrical cords, switch & receptacle covers, electrical  |            |                |  |            |                  |                   |
| appliances, conduit in good condition   |            |                |  |            |                  | l                 |
| Child-resistant covers on electrical receptacles  |            |                |  |            |                  | <u> </u>          |
| Floor in good condition (no slip & trip hazards; without leaks, protruding nails, loose boards, curled mats, etc) |            |                |  |            |                  |                   |
| Proper stacking and storage of materials and equipment  | <u> </u>   |                |  |            |                  | <u> </u>          |
| Pews and kneelers in good condition (e.g. no protruding nails)  | <u> </u>   |                |  |            |                  | <u> </u>          |
| Stairs and handrails are in good condition  |            |                |  |            |                  | l                 |
| Emergency exit plan is posted   |            |                |  |            |                  |                   |
| No accumulation of combustible materials  |            |                |  |            |                  |                   |
| No leaks or spills  |            |                |  |            |                  |                   |
| No evidence of infestation  |            |                |  |            |                  |                   |
|   | ───        |                |  |            |                  |                   |
| Proper storage of hazardous materials<br>Exit signs are illuminated & emergency lighting tested and               | ───        |                |  |            |                  | <u> </u>          |
| operational.  |            |                |  |            |                  |                   |
| Clear exit routes   | <u> </u>   |                |  |            |                  |                   |
| Fire alarm pull stations are accessible & have posted instructions  |            |                |  |            |                  |                   |
| Fire extinguishers in place and fully pressurized   | <u> </u>   |                |  |            |                  |                   |
| Sprinkler system is functioning properly  | ┼───       |                |  |            |                  |                   |
| Anti-slip mats in damp/ wet work areas  | <u> </u>   |                |  |            |                  |                   |
| This sup mass in damp/ wet work areas   | <u> </u>   |                |  |            |                  |                   |
|   | ┼───       |                |  |            |                  |                   |
|   | <u> </u>   |                |  |            | 1                | 1                 |

|   |      |        |  |            | Walk-throu | ugh Inspection |
|---|------|--------|--|------------|------------|----------------|
| Item to be checked  | Yes/ | Hazard | <b>Description &amp; Recommended Corrective/</b> | Supervisor | Date       | Date           |
|   | No   | Type   | <b>Preventive Action</b>                         |            | Notified   | Completed      |
| Grounds Specify:  |      | A/B/C  |  |            |            |                |
| Walkways are clear and in good condition  | 1    |        |  | [          |            |                |
| Personal Protective Equipment is present with clear instructions                            |      |        |  |            |            |                |
| Security Lighting is functioning properly   |      |        |  |            |            |                |
| No holes or trip hazards  |      |        |  |            |            |                |
| No Ice, Icicles & Snow  |      |        |  |            |            |                |
| Clear exit routes   |      |        |  |            |            |                |
| No accumulation of garbage  |      |        |  |            |            |                |
| No fallen or unstable tree limbs  |      |        |  |            |            |                |
| Fencing is in good condition  |      |        |  |            |            |                |
| Proper waste & recycling storage  |      |        |  |            |            |                |
| Outdoor tables/ benches are in good condition   |      |        |  |            |            |                |
| Machinery is in good repair   |      |        |  |            |            |                |
| Staff using machinery are properly trained  |      |        |  |            |            |                |
| Staff have proper protection from the elements (sun, cold)                                  |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
| Storage Shed Specify:   |      |        |  |            |            |                |
| Hazardous materials are properly labeled  |      |        |  |            |            |                |
| Equipment and machinery is in good condition  |      |        |  |            |            |                |
| Shed is secured and access limited  |      |        |  |            |            |                |
| No evidence of leaks or spills  |      |        |  |            |            |                |
| Liquids are contained properly  |      |        |  |            |            |                |
| Personal Protective Equipment is present with clear instructions                            |      |        |  |            |            |                |
| Supplies and materials are stored properly on shelves                                       |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
|   |      |        |  |            |            |                |
| Hazardous Materials Specify:  | 1    |        |  |            | <b>I</b>   |                |
| Proper labeling on containers   |      |        |  |            |            |                |
| Hazardous material (WHMIS) inventory complete   |      |        |  |            |            |                |
| Proper storage and disposal of materials  |      |        |  |            |            |                |
| Current Material Safety Data Sheets for all hazardous materials<br>are present and complete |      |        |  |            |            |                |
| are present and complete  |      |        |  | l          |            | 1              |

| Walk-through Inspecti   |            |                         |  |            |                  | gh Inspection     |
|---|------------|-------------------------|--|------------|------------------|-------------------|
| Item to be checked  | Yes/<br>No | Hazard<br>Type<br>A/B/C | Description & Recommended Corrective/<br>Preventive Action | Supervisor | Date<br>Notified | Date<br>Completed |
| Hazardous Materials (continued) Specify: _  | 1          |                         |  | 1          |                  |                   |
| Personal Protective Equipment is present with clear instructions  |            |                         |  |            |                  |                   |
| Flammable and combustible liquids are stored in sealed<br>containers in a special cabinet designed for this purpose |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |
| Fire Safety and Security Specify:   |            |                         |  |            |                  |                   |
| Locations of the fire extinguishers clearly marked  |            |                         |  |            |                  |                   |
| Fire extinguishers are properly installed   |            |                         |  |            |                  |                   |
| Fire extinguisher types suitable for hazards in the parish  |            |                         |  |            |                  |                   |
| Fire extinguisher (inspected by fire department once a year)  |            |                         |  |            |                  |                   |
| Employees are trained to use the fire extinguisher  |            |                         |  |            |                  |                   |
| Proper storage of flammable and combustible materials (away from heat)  |            |                         |  |            |                  |                   |
| Proper storage of dangerously reactive chemicals (away from ignition sources)                                       |            |                         |  |            |                  |                   |
| Space heaters shut off automatically when tipped over   |            |                         |  |            |                  |                   |
| Smoke, fire, carbon monoxide and burglar alarms are in good condition   |            |                         |  |            |                  |                   |
| Propane or butane is stored in secure, well-ventilated areas outside of buildings, and not in or adjacent to exits. |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |
| Parking Specify:  |            |                         |  |            |                  |                   |
| Adequate lighting in parking spots and walkways at night  |            |                         |  |            |                  |                   |
| Level and graded parking areas  |            |                         |  |            |                  |                   |
| Security system is working properly with posted procedures  |            |                         |  |            |                  |                   |
| Parking lot is free from snow, ice and debris   |            |                         |  |            |                  |                   |
| Proper signs posted (e.g. no parking in fire routes, etc.)  |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |
|   |            |                         |  |            |                  |                   |

**Hazard Type A** = Serious hazard requiring immediate attention/ stop work **Hazard Type B** = Hazard requiring action as soon as possible (e.g., torn or frayed carpets)

**Hazard Type C** = Hazard requiring action

|  |            |                         |  |            | Walk-throu       | ugh Inspection    |
|--|------------|-------------------------|--|------------|------------------|-------------------|
| Item to be checked   | Yes/<br>No | Hazard<br>Type<br>A/B/C | Description & Recommended Corrective/<br>Preventive Action | Supervisor | Date<br>Notified | Date<br>Completed |
| First Aid Specify:   |            |                         |  |            |                  |                   |
| Adequate and complete first aid kit                            |            |                         |  |            |                  |                   |
| Accessible and clearly labeled kit                             |            |                         |  |            |                  |                   |
| First aid kit inspected & refilled after every use             |            |                         |  |            |                  |                   |
| Complete and up to date first aid log                          |            |                         |  |            |                  |                   |
| Emergency contact list posted with first aid kit               |            |                         |  |            |                  |                   |
| Readily available accident report forms                        |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
| Other Items to be Inspected Specify:                           |            |                         |  |            |                  |                   |
| Health and Safety Bulletin Board present and up to date        |            |                         |  |            |                  |                   |
| A copy of the Occupational Health & Safety Act is posted       |            |                         |  |            |                  |                   |
| Emergency contact list is posted by all public phones          |            |                         |  |            |                  |                   |
| WSIB's In Case of Injury poster is posted in all public spaces |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
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|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |
|  |            |                         |  |            |                  |                   |

Signature:

Reviewed by Churchwarden or Supervisor

Signature:

Date: