

# Section 8

## Inspections

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## 8.1 INSPECTION POLICY

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This company will maintain a comprehensive program of safety inspections at all facilities and job-sites to ensure protection of its human resources and physical assets from accidental loss.


### **Responsibilities:**

The Managers/Party Chiefs are responsible for the overall operation of the inspection program.

Party Chiefs are responsible for participation in informal inspections on job-sites conducted either by client and /or safety coordinator or manager.

Party Chiefs are responsible for conducting ongoing informal inspections of areas where their crews are working.

Workers are responsible for participating in and contributing to the inspection program.

Signed:   
\_\_\_\_\_  
Dan Jones, A.L.S., President

Date: February 1, 2017

## 8.2 INSPECTIONS

Safety inspections within our safety program are used to identify and control hazards in the workplace before incidents occur. During an inspection, our company's facilities, equipment, tools and the people who use them are systematically reviewed. Situations that have the potential to cause injury or damage (sometimes referred to as unsafe acts and unsafe conditions) are identified and corrective action is initiated.

The end result of inspections should be a list of problems, potential problems and corrective measures. To ensure employees, contractors and subcontractors support any corrective measures, they should be included in inspections, reviews and corrective measures. All inspection findings and corrective measures should be documented and shared with employees on the work sites.

### 8.2.1 General Office Site Inspections

General office sites include all workshop and office worksites. These sites should be inspected on a quarterly basis for any possible hazards, including unsafe work practices and conditions.

### 8.2.2 Formal Field Site Inspections/ Safety Performance Reviews

All employees, contractors and subcontractors must participate in formal field site inspections and safety performance reviews. Field sites will be inspected on an annual basis, or as required to provide support for crews to ensure legislative compliance as well as health and safety measurability within the bigger picture. These inspections will identify any safety deficiencies the crews may have.

Safety performance reviews are done at the same time as formal field inspections. These performance reviews address the workers' safety records and provide recommendations for future work. In addition, these provide the field employees, contractors and subcontractors the opportunity to present any new ideas or safety procedures they feel could be beneficial to the company.

### 8.2.3 Pre-Use Vehicle/ Equipment Inspections

All vehicles and equipment should be thoroughly inspected daily by their operators to monitor wear and tear. If more than one person is responsible for the equipment or vehicle, responsibility for inspections should be assigned. **Confirm presence and working condition of appropriate safety equipment.**

Fluid levels, belts, hoses, and electrical connections should be checked. This type of inspection is commonly called a "walk-around" or "pre-use" inspection and should be done in conjunction with the "Daily Tailgate/Hazard Assessment".

## 8.2.4 Government Inspections

To ensure that our worksites and work practices comply with regulatory requirements, occupational health and safety inspectors can inspect our worksites.

Government inspectors can be useful sources of information and may be able to help you improve your safety performance. Their prime objective is to ensure our worksites are safe; as a result, they can advise us on a number of topics related to safety programming.

Government inspectors may access records, plans, policies, equipment or work procedures. The inspectors may interview anyone on the worksite and they have the right to remove any item they need to inspect further. Anyone on the site at the time of inspection must cooperate with government inspectors. If inspectors discover violations, they may issue stop-work orders if the violations present life-threatening conditions, or orders to correct the violations or deficiencies.

## 8.3 CONTROL PROCEDURE

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### 8.3.1 Inspection Schedule

All worksites, vehicles and equipment will be listed and respective inspections will be scheduled and carried out by management and employees on a regular basis.

General Office Site Inspection – of all workshop /office sites – to be completed quarterly by manager or designee, (form SM-8-001)

Formal Field Inspections – of field sites on an annual basis or as required by safety coordinator (form SM-8-002)

Vehicles, ATV's, and Snowmobiles – inspections by operators daily, inspections have been integrated into the daily tailgate meeting (SM-7-005) using forms (SM-8-003, SM-8-004, and SM-8-005) as reference. Also to be inspected by safety coordinator during formal field site inspections.

### 8.3.2 Inspection Procedure

Individuals carrying out the inspections will be instructed in the use of the respective forms and trained in the execution of the inspection.

The basic procedure for conducting a planned inspection:

1. Identify the inspector or inspection team.
2. Locate and review reports of previous inspections.
3. Obtain an inspection report form.
4. Proceed with the inspection tour.
5. During the tour, get off the "beaten path".
6. Look over, under, around, behind, inside, etc.
7. Take the time to observe the activities of all personnel.
8. Take immediate corrective action where there is imminent danger.
9. Record all unsafe acts and conditions.
10. On completion of the tour, rank the unsafe acts / conditions on a "worst case" first basis.

## 8.3

## CONTROL PROCEDURE - Continued

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11. Assign responsibilities to specific individuals, to correct deficiencies by set deadlines. If problems are life threatening, they should be corrected immediately.

### 8.3.3 Inspection Control

After every inspection, the operator/ inspection team shall specify who is responsible for controlling any hazards found. Deadlines should also be set for control measures.

Some control measures are:

- performing maintenance on equipment and vehicles
- marking hazards with signs, flags, lights, alarms, barricades, fences, labels, placards or other materials
- providing personal protective and other safety equipment to workers
- using engineering controls to eliminate or reduce the impact of hazards
- using purchasing controls to replace unacceptable or faulty items
- informing workers of the hazards

Whenever possible, hazards should be eliminated. If elimination is not possible, other control measures should be used to protect workers.

## 8.4 INSPECTION CHECKLISTS

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To ensure that our company's inspections are thorough, we should use checklists. Checklists help direct the inspector and ensure nothing is missed. In addition, checklists create a detailed record of the findings of an inspection and corrective measures needed.

**General Office Site Safety Inspection (SM-8-001)**

**Formal Field Site Inspection (SM-8-002)**

**Field Vehicle – Safety / Pre-Approval Inspection (SM-8-003)**

**ATV / UTV – Safety / Pre-Approval Inspection (SM-8-004)**

**Pre-Use Snowmobile Inspection (SM-8-005)**

**Pre-Use Chainsaw Inspection (SM-8-006)**

## GENERAL OFFICE SITE SAFETY INSPECTION

1928 – 10 Avenue SW, Calgary Alberta

INSPECTION TEAM: \_\_\_\_\_ DATE: \_\_\_\_\_

**Instructions:** Using inspection criteria below, indicate whether each item is satisfactory or requires attention by placing a ✓, ✗ or N/A in the adjacent column, and whether or not each item requires action. For each item requiring action, use space provided at the end of inspection to identify each action item and to identify assignment of responsibilities and projected completion date. Be sure to sign off each item once completed.

A. Lower Level	✓ / ✗ / N/A	Requires Action
1. Equipment Room (Cleanliness, organization)		
2. Garage (Cleanliness, organization)		
3. Gym (Cleanliness, organization)		
4. Main Area (Cleanliness, organization)		
5. Storage Areas (Cleanliness, organization)		
6. Rest Areas (Cleanliness, organization)		
7. Hallways/Aisles (Clear of obstructions and/or hazards)		
8. Stairs (Sturdy handrails, non-slippery conditions)		
9. Doorways (Clear of obstructions and/or hazards)		
10. Working Surfaces		
11. Lighting Conditions (All lights working properly?)		
B. Main Level	✓ / ✗ / N/A	Requires Action
1. Main Access (Sturdy handrails, non-slippery conditions)		
2. Foyer (Cleanliness, organization)		
3. Office Areas (Cleanliness, organization)		
4. Storage Areas (Cleanliness, organization)		
5. Main Garage (Cleanliness, organization)		
6. Rest Areas (Cleanliness, organization)		
7. Hallways/Aisles (Clear of obstructions and/or hazards)		
8. Doorways (Clear of obstructions and/or hazards)		
9. Working Surfaces		
10. Lighting Conditions (All lights working properly?)		
C. Second Floor	✓ / ✗ / N/A	Requires Action
1. Lunchroom (Cleanliness, organization)		
2. Office Areas (Cleanliness, organization)		
3. Storage Areas (Cleanliness, organization)		
4. Rest Areas (Cleanliness, organization)		
5. Hallways/Aisles (Clear of obstructions and/or hazards)		
6. Stairs (Sturdy handrails, non-slippery conditions)		
7. Doorways (Clear of obstructions and/or hazards)		
8. Working Surfaces		



## GENERAL OFFICE SITE SAFETY INSPECTION

D. Emergency Response	✓ / ✗ / N/A	Requires Action
1. Emergency Instructions (Exit plans visible?)		
2. Alarm Systems (Are they functioning properly?)		
3. Emergency Lighting (Adequate and working properly?)		
4. First Aid Kits (Are they available?)		
5. Fire Extinguishers (Tags visible and up to date?)		
6. Exit points (Are they clearly marked?)		
E. General	✓ / ✗ / N/A	Requires Action
1. Mechanical Systems		
2. Electrical Systems		
3. Power Equipment		
4. Hand tools		
5. Air Quality		
6. Heating/Cooling Systems		

### Corrective Actions

Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Date Completed: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Date Completed: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Date Completed: _____	Initial: _____

## FORMAL FIELD SITE SAFETY INSPECTION

**Crew:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Conducted By:** \_\_\_\_\_

**Instructions:** Using inspection criteria below, indicate whether each item is satisfactory or requires attention by placing a ✓, ✗ or N/A in the adjacent column, and whether or not each item requires action. For each item requiring action, use space provided at the end of inspection to identify each action item and to identify assignment of responsibilities and projected completion date. Be sure to sign off each item once completed.

A. Emergency Response	✓ / ✗ / N/A	Action Required
1. Emergency phone numbers & procedures readily available		
2. Has field level hazard assessment been completed, identifying all hazards		
3. Safety & Procedural Manual onsite		
4. First aid supplies available – Type 2 kit in vehicle, Type A for ATV's		
5. Fire extinguisher available/accessible – Minimum 10lbs		
6. Fire extinguisher inspected as per regulation – Annual & monthly		
7. Are ATV's equipped with extinguisher – Minimum 2lbs		
8. SPOT systems activated and used properly		
B. Personal Protective Equipment	✓ / ✗ / N/A	Action Required
1. Hard hats – Available and in good condition		
2. Safety glasses – Available and in good condition		
3. Hearing protection – Available if required		
4. Foot wear – minimum 6" steel toed CSA approved boots		
5. Fire retardant coveralls with reflective striping		
6. High vis safety vest – Available and in good condition		
7. Road signs – Available if needed		
8. Personal H2S monitor – Available, calibrated to manufacturer specs		
9. Chain saw pants – Rated for 3600 rpm, free of rips and tears		
10. Communication equipment – Radio's phone, (sat phone if required)		
C. Hand Tools	✓ / ✗ / N/A	Action Required
1. Are tools in good condition		
2. Are tools being used as intended		
3. Are there sufficient tools and equipment to complete tasks		
4. Are broken tools repaired or replaced as needed		

## FORMAL FIELD SITE SAFETY INSPECTION

D. Housekeeping	✓ / ✗ / N/A	Action Required	
1. Is work area kept tidy and free of hazards			
2. Truck deck - Are all items secured properly for transporting			
3. Truck box – Are tools and equipment stored properly for transporting			
4. Vehicle cab – Dash clear of debris, equipment stored properly			
E. Records of Training	✓ / ✗ / N/A Crew Chief	✓ / ✗ / N/A Survey Assistant	Action Required
1. First Aid			
2. H2S Alive			
3. ATV Rider Course			
4. WHIMS			
5. PST or CSTS			
6. Bear Awareness			
7. Ground Disturbance Level II			
8. Faller Certification			
9. Line Locating			
10. Driver's License			
F. Safety Performance	✓ / ✗ / N/A Crew Chief	✓ / ✗ / N/A Survey Assistant	Action Required
1. Do worker's follow safe work practice/procedures			
2. Do worker's have necessary information/knowledge to complete their jobs			
3. Are worker's cooperative and friendly			
4. Control of worksite? Is there a person clearly in charge			
5. Did worker's provide documentation promptly without problems			
6. Are worker's competent to complete their tasks			
7. Rate overall crew performance	Excellent <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>Additional Comments:</b>			



## FORMAL FIELD SITE SAFETY INSPECTION

### Corrective Actions

Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By: _____		Due Date: _____	Initial: _____

### Management / Worker Review Signatures

Crew Chief: \_\_\_\_\_ Assistant: \_\_\_\_\_

Safety Coord/Manager: \_\_\_\_\_ Date: \_\_\_\_\_



## FIELD VEHICLE – SAFETY / PRE-APPROVAL INSPECTION

<b>Date:</b>	<b>Make/Model:</b>	<b>Kilometer's:</b>
<b>Owner:</b>	<b>License Plate:</b>	<b>Year:</b>
<b>Operator:</b>	<b>VIN #:</b>	<b>Purchase Date:</b>

<b>A. Documentation</b>	<b>✓ / ✗ / N/A</b>	<b>Action Required</b>
1. Insurance - \$2,000,000 Liability		
2. Registration		
3. Owner's Manual		
4. Driver License/Abstract (within current year)		
<b>B. Safety Equipment</b>	<b>✓ / ✗ / N/A</b>	<b>Action Required</b>
1. Type 2 First Aid Kit		
2. Fire Extinguisher – Minimum 10lbs		
3. Communication – Phone, Spot, (Sat phone if required)		
4. Vehicle GPS Unit		
5. Bluetooth hands free phone		
6. Spare Tire Including Jack		
7. Two Road Signs		
8. Beacon Light		
9 Audible Reverse Alarm		
10. Buggy Whip		
11. Tool Kit		
12. Booster Cables		
13. Road Flares/Triangles		
14. Tow Strap/Clevis		
<b>C. Vehicle Condition</b>	<b>✓ / ✗ / N/A</b>	<b>Action Required</b>
1. Head Lights – Daytime/High/Low		
2. Brake Lights		
3. All Turn Signals		
4. Parking/Clearance Lights		
5. Side/Rear View Mirror		

## FIELD VEHICLE – SAFETY / PRE-APPROVAL INSPECTION

C. Vehicle Condition Continued	✓ / ✗ / N/A	Action Required
6. Gauges – Operating correctly		
7. Tire/Tread Condition		
8. Vehicle Body (rust, dents)		
9. Windshield Condition		
10. Deck Condition		
11. Cargo Securement – Exterior		
12. Cargo Securement – Interior		
13. Company Placards		
<b>Additional Comments:</b>		
<b>Inspected By: (print)</b>	<b>Signature:</b>	

### Corrective Actions

Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			

## ATV / UTV – SAFETY / PRE-APPROVAL INSPECTION

<b>Date:</b>	<b>Make/Model:</b>	<b>Kilometer's:</b>
<b>Owner:</b>	<b>Year:</b>	<b>Hours:</b>
<b>License Plate #:</b>	<b>VIN #:</b>	<b>Purchase Date:</b>

<b>A. Documentation</b>	<b>✓ / ✘ / N/A</b>	<b>Action Required</b>
1. Insurance - \$2,000,000 Liability		
2. Registration		
3. Owner's Manual		
4. ATV Rider Course Training		
<b>B. Safety Equipment</b>	<b>✓ / ✘ / N/A</b>	<b>Action Required</b>
1. DOT Approved Helmet – With jaw protection		
2. Type P First Aid Kit		
3. Fire Extinguisher – Minimum 2lbs		
4. Communication – Phone, Spot, (Sat phone if required)		
5. Tool Kit		
6. Buggy Whip – Available if required		
<b>C. Operations</b>	<b>✓ / ✘ / N/A</b>	<b>Action Required</b>
1. Left handle bar brake		
2. Right handle bar brake (if equipped)		
3. Foot pedal brake		
4. Parking Brake		
5. Headlights/Tail light		
6. Gauges		
7. Vehicle fluids – Proper levels, records of maintenance		
8. Any visual signs of fluid leaks		
9. Controls/Switches – Do they operate properly		
10. Winch – Does it operate, cable condition		

## ATV / UTV – SAFETY / PRE-APPROVAL INSPECTION

D. Overall Condition	✓ / ✗ / N/A	Action Required
1. Tire/Tread Condition		
2. Body/Plastic Condition		
3. Seat condition		
4. Foot Pegs/Fenders (full foot boards)		
5. Front Cargo Racks		
6. Rear Cargo Racks		
7. Winch & Cable		
8. Overall Running Condition		
<b>Additional Comments:</b>		
<b>Inspected By (print):</b>	<b>Signature:</b>	

### Corrective Actions

Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			
Item	Hazard/Potential Hazards	Action Required/Comments	
Action By:		Due Date:	Initial:
Date Completed:			



## PRE-USE / SNOWMOBILE INSPECTION

DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

UNIT: \_\_\_\_\_ KILOMETERS: \_\_\_\_\_

<u>INSPECTED</u>	<u>(✓ or ✗)</u>	<u>COMMENTS</u>
BODY CONDITION	_____	_____
TRACK CONDITION	_____	_____
SKI/SKEG CONDITION	_____	_____
LIGHTS (Head/Tail Lights)	_____	_____
REFLECTORS	_____	_____
BRAKES, SERVICE/PARKING	_____	_____
WINDSHEILD	_____	_____
STEERING	_____	_____
GAUGES	_____	_____
FLUID LEVELS	_____	_____
TOOL KIT	_____	_____
SPARE BELT	_____	_____
TOW ROPES	_____	_____
COMMUNICATION (Radio's/Spot Messenger)	_____	_____
HELMETS (Full Face)	_____	_____
FIRST AID KIT (Type P)	_____	_____
REGISTRATION	_____	_____
INSURANCE	_____	_____

### Engine Compartment:

The vehicle operator should check the following items daily:

- check oil
- check belts, wiring and hoses
- check for leaking heads and excessive oil on engine
- check for loose radiator mountings and fan shrouds

### Overall Comments:

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## PRE-USE / CHAINSAW INSPECTION

DATE: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

UNIT: \_\_\_\_\_

<u>INSPECTED</u>	<u>(✓ or ✗)</u>	<u>COMMENTS</u>
CSA APPROVED HARD HAT	_____	_____
HEARING PROTECTORS	_____	_____
FACE SCREEN / SAFETY GLASSES	_____	_____
SAW PANTS	_____	_____
CSA APPROVED BOOTS	_____	_____
CHAINSAW FIRST AID KIT	_____	_____
THROTTLE CONTROL LOCKOUT	_____	_____
ON/OFF SWITCH WORKING PROPERLY	_____	_____
PROPERLY FUNCTION CHAIN BREAK	_____	_____
CHAIN IN GOOD CONDITION	_____	_____
SPROCKET NOSE GUIDE BAR	_____	_____
CHAIN CATCHER	_____	_____
ANTI VIBRATION MOUNTS	_____	_____
CSA APPROVED FUEL CONTAINER	_____	_____

**Overall Comments:**

\_\_\_\_\_

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\_\_\_\_\_