

Clinic Workplace Safety Inspection

Clinic name and address:		Clinic locations inspected:	
		<input type="checkbox"/> Office	<input type="checkbox"/> Outside areas
		<input type="checkbox"/> Clinic rooms	<input type="checkbox"/> Storage and staff areas
Date:	DD / MM / YYYY	Time:	HH : MM

PART A – WORKPLACE INSPECTION

General clinic setting	Yes	No	N/A
Building meets local Building and Fire Code Standards (builder owner is required to provide this information).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A regular maintenance schedule exists for all equipment (e.g., autoclave).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC ducts and filters cleaned within last 6 months (information obtained from building owner).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring is in good condition (e.g., carpet not lifting, floors clean, and not slippery).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways are clear of materials or equipment and at least 1 metre wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tripping hazards are eliminated or clearly marked (e.g., change in floor height).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of water damage or leaks evident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General air quality is free of odors and there is no visible particulate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate washroom facilities available for staff and patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and towel dispensers are available in washrooms, treatment rooms, and at sinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer is available throughout the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials containers are clearly labeled according to WHMIS 2015.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stairs with more than 4 risers have handrails on one or both sides.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Controls are in place to eliminate or minimize exposure to biological, chemical, or other agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is a means to control temperature in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety-engineered needles are available for staff use during medical procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper sharp and non-sharp biomedical waste disposal containers are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All PPE required to prevent occupational exposure to biohazards and chemicals are available in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff use PPE appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A separate area is available for staff to store and eat food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The photocopier area is equipped with proper ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If staff are exposed to asbestos or other hazardous materials in the building (e.g., drilling into walls, or renovation), an Exposure Control Plan and training has been provided by the employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency preparedness	Yes	No	N/A
Emergency contacts are posted by the phone or in an easily accessible area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exit signs are displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire extinguisher locations are clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash station/bottle is available and located where staff can access at any time.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First aid signs are posted and clearly visible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans including muster point are available and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire extinguishers are wall mounted, visible, accessible, and not expired (inspected within 12 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency lighting is operational, clearly visible, and inspected within the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency exit signs are clearly displayed, and exits are unobstructed and easy to open.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinklers are clear and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors and fire alarm systems are in place and functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical inventory and Safety Data Sheets (SDS) are current and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable and combustible material properly stored, maintained, and discarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate first aid supplies are available based on level and type of first aid kit required (refer to first aid requirements section).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First aid procedure is posted in the workspace and available for staff consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ergonomics	Yes	No	N/A
Ergonomic risks such as awkward posture, repetition and force have been eliminated or minimized where possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception and office area laid out to accommodate multi-tasking and multiple users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment is fully adjustable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving is easily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting is sufficient for all tasks and/or adjustable as needed (refer to OHS regulation 4.65, Table 4-1).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical	Yes	No	N/A
Electrical outlets have faceplates.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There are enough electrical outlets at each workstation, so outlets are not overloaded.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The breaker box is easily accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Areas around electrical outlets are free from flammable items and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Safety and security	Yes	No	N/A
A Violence Prevention Risk Assessment has been conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a secondary exit door in the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinic has an entrance control system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate levels of light are available at entrance/exits and in parking areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desks and counters are of a height and depth to protect staff from threatening behaviours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reception area contains no objects, tools, or equipment that could be used as weapons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If an emergency call system (panic or duress) is in place it is functional and regularly tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to staff-only areas is controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs are in place to identify areas with staff-only access and hazardous areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage and shelving	Yes	No	N/A
Storage space is adequate for the materials and equipment stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangement of storage areas does not impede access or egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Racks and shelving are secure, stable, and secured to prevent contents from falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heavy objects are stored between knee and shoulder height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals and other hazardous substances in the clinic are stored properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed gas cylinders are stored upright and are properly secured to prevent falling and rolling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional inspection comments

PART B – RECOMMENDATIONS

Item	Corrective action	Assigned to	Status

CONTINUED OVERLEAF

PART C – SIGN OFF**Inspected by (employer representative):**

Print name			
Signature		Date	DD / MM / YYYY

Inspected by (worker representative):

Print name			
Signature		Date	DD / MM / YYYY

Employer review:

Print name			
Signature		Date	DD / MM / YYYY

After completion of **Part A: Workplace Inspection** and **Part B: Recommendations** for corrective actions, have both staff sign off in Part C and forward to the physician employer. The physician employer should review the inspection findings and recommendations, taking steps towards resolving deficiencies. The physician employer should track progress on the corrective actions until completed and update staff as needed.

Workplace Inspections must be completed at regular intervals to prevent the development of unsafe working conditions. For community physician practices it is recommended to complete inspections **every six months**. Workers must report any unsafe conditions or acts to the employer as soon as possible. Unsafe conditions or acts must be investigated and remedied without delay.

COMPLETED