

**ROUTINE SAFETY INSPECTION
REPORT FOR:**

**DATE OF
INSPECTION:**

**SIGNATURE OF
INSPECTOR:**

**RECEIVED
BY:**

Items to be checked	Checked?	Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
STAIRWELLS						
Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Steps and handrail in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Exit signs illuminated (2 bulbs lit)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Door to outside closes freely and has a panic bar	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Uneven steps are marked with yellow paint until repaired	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Emergency lighting tested and operational	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No items stored on landings	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
WASHROOMS							
Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Electrical cords, switch and receptacle covers all in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No leaks or spills	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No mould (visible or odour)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Cubicles in good repair (doors not loose or rusted)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No evidence of infestation (insects, mice)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Ground Fault Circuit Interrupter (GFI) installed in outlets located within 1 m of sinks	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
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HALLWAYS & ROOMS

Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Electrical cords, switch and receptacle covers all in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Child resistant covers on electrical receptacles as needed (Nursery areas, Sunday School rooms, Daycare)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Anti-slip mats in place as needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Proper storage of materials (off floor, on shelves, especially in basements)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Exit routes are marked and clear.	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No evidence of infestation (rodents, bats, racoons or insects)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No hazardous materials (e.g. paints, flammable or corrosive liquids)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Fire alarm pull stations are accessible and emergency instructions posted at each pull station	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

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HALLWAYS & ROOMS

Fire extinguisher(s) mounted on wall and fully charged	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No accumulation of combustible materials left on floors	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Exit signs illuminated	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Wet Floor signs used when cleaning	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Emergency lighting tested and operational	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

KITCHEN(S)

Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Electrical cords, switch and receptacle covers, appliances all in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No leaks or spills	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Food Safety Instructions posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
KITCHEN(S)							
Municipal Inspection Report posted (if available)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
First Aid Kit present and stocked (items not expired)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Fire extinguisher(s) mounted on wall and fully charged	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Carbon monoxide detector mounted and working	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
In Hood Extinguisher System operational and inspected	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Knives and other sharp objects properly stored	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No accumulation of grease on oven or stove or in vent ducts	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Filter screens on vent hood clean	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No evidence of infestation	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Exit signs illuminated	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Emergency exits and routes clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No accumulation of combustible or flammable materials	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

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KITCHEN(S)

Hazardous materials properly stored (e.g. drain/oven cleaner,aerosols,cooking oils)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Ground Fault Circuit Interrupter (GFI) installed in outlets located within 1 m of sinks	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

OFFICE(S)

Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Electrical cords, switch and receptacle covers, appliances, computers, photocopiers all in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Proper storage of materials (off floor, on shelves)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Exit routes are marked and clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No evidence of infestation (rodents, bats or insects)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No hazardous materials (e.g. flammable/corrosive liquids,aerosols)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

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OFFICE(S)

Municipal Inspection Report posted (if available)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Data backups done regularly and copies stored off site	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Security system working properly	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Key registry in place and up to date	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Air quality good and ventilation/heating adequate	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

WORSHIP SPACES

Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Electrical cords, switch and receptacle covers, musical equipment all in good condition and receptacles not overloaded	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Proper storage of materials (off floor, on shelves)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Exit routes are marked and clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
WORSHIP SPACES							
No evidence of infestation (rodents, bats or insects)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Candles, matches and lighters stored out of sight in a locked drawer or cupboard	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Pews, chairs (if used) in good repair – kneelers (if installed) in good repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Stairs and handrails in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Anti-slip mats in place as needed (rain, snow)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Exit signs illuminated	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Emergency exits and exit routes clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Lamp chains and cords in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Balcony rails set to 1.1 metres (43 inches) in height or modified to this height	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
MECHANICAL ROOM(S)							
Adequate lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Electrical cords, switch and receptacle covers, appliances all in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Floors in good condition (no slip or trip hazards, no water leakage, protruding nails, loose flooring, curled mats, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No leaks or spills	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Fire extinguisher(s) mounted on wall and fully charged	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No combustibles in rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Minimum 1 metre (39 inches) area around electrical equipment or panels clear of all materials or tripping hazards	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No exposed asbestos insulation	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Encapsulated asbestos insulation identified	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Heating equipment inspection certificates/tags hung on walls	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Heating inspections and service completed prior to fall/winter	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

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MECHANICAL ROOM(S)

Carbon Monoxide detectors mounted and working	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
No storage in Elevator Machine Room	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Location of main water shut off valve identified as well as other isolation valves	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

PARKING

Adequate lighting of lot and walkways at night	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Lot is level and graded (no pot holes or trip hazards)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Ice, snow, debris and water removed	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Snow Log kept and maintained	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

GROUNDS

Walkways clear and in good condition (no heaving or trip hazards)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
External lighting working properly	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Fences, walls and gates in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Items to be checked	Checked?		Location and Recommended Corrective/Preventative Action	Person in Charge (Initials)	Date Notified	Date Completed	Completed By (Initials)
GROUNDS							
No holes or uneven areas (trip hazards)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No ice, icicles or snow on walkways or overhangs	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
No accumulation of refuse, garbage, leaves, branches	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Trees and shrubs trimmed	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Outdoor tables and benches clean and in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Proper storage of waste and recycling (at least 3 metres (10 feet) from building)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Waste containers are fire resistant	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Shed in good condition (if in place)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Machinery stored securely (mowers, snow blowers, gasoline, propane)	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Staff trained in proper safe use of machinery, as well as emergency response	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

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BUILDING EXTERIOR

Eavestroughs and downspouts provided and in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Roof cover, fascia, soffit, flashing in good condition as observed from ground level	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Window wells clear of debris	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Tower and chimney brick work in good repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Stained glass protection in place	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

FIRE SAFETY & SECURITY

Locations of fire extinguishers catalogued, diagrammed and marked	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Fire extinguisher(s) mounted on wall and fully charged	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Extinguisher types correct for hazards and locations	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Fire extinguishers serviced by a licensed contractor at least once per year	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Employees and volunteers trained in the proper use of extinguishers	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

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FIRE SAFETY & SECURITY

Flammable and combustible materials are stored in sealed containers in a special cabinet designed for that purpose	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Smoke, Fire, Carbon Monoxide, Propane Gas, Security alarms all operational and checked annually by a licensed contractor – Fire panel “Green Light” ON	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Propane and butane stored in a secure well ventilated area outside of the building, and not adjacent to exits	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Approved and up to date Fire Plan document posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Smoke and/or heat detectors in good operating condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

WATER DAMAGE POTENTIAL

No water piping exposed to freezing temperatures	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Location of main water shut off valve identified as well as other isolation valves	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Sump pump operational and alarm tested	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

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FIRST AID

Adequate and complete first aid kits on premises	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Kits are accessible and clearly labelled	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Kits are inspected and refilled annually	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Emergency contact list posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Defibrillator on premises and staff trained (suggested)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Accident Reporting Procedure and forms available	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Staff trained in emergency response and first aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

OTHER ITEMS

Health and Safety bulletin board present and up to date	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
A copy of the <i>Occupational Health and Safety Act</i> is posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Emergency contact list posted by public phones	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
WSIB's <i>In Case of Injury Post</i> posted in public spaces	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

For more risk control information, please consult an Ecclesiastical Risk Control Specialist in your region or visit www.ecclesiastical.ca