

HEALTH AND SAFETY COMPLIANCE – INTERNAL AUDIT TOOL

This checklist is a tool to evaluate your company’s current health and safety program based on basic compliance with general Ontario Health and Safety Legislation. Some exemptions and/or additional requirements may apply to your specific business activity.

IDENTIFICATION

Company Name:

Date of Audit:

GENERAL COMPANY INFORMATION

Industry Type:

Number of Employees:

HEALTH AND SAFETY POSTINGS

<input type="checkbox"/> Health and Safety Policy – Signed and Dated current year
<input type="checkbox"/> WSIB Form 82 (1234 Poster)
<input type="checkbox"/> Copy of the Occupational Health and Safety Act & applicable regulations (current)
<input type="checkbox"/> Health and Safety at Work Poster “ Prevention Starts Here”
<input type="checkbox"/> Committee Members / Safety Rep. – names, work locations
<input type="checkbox"/> Violence & Harassment Policy – Signed and Dated current year

WORKER HEALTH AND SAFETY REPRESENTATIVE

<input type="checkbox"/> Established in the workplace (if between 6 and 19 employees)
<input type="checkbox"/> Selected by the workers
<input type="checkbox"/> Trained (in roles and responsibilities)
<input type="checkbox"/> Participates in Health and Safety as per legislation (investigations, inspections, etc.)

JOINT HEALTH AND SAFETY COMMITTEE

<input type="checkbox"/> Established in the workplace (if more than 19 employees)
<input type="checkbox"/> Correct number of members
<input type="checkbox"/> Worker members selected by the workers
<input type="checkbox"/> Members Trained and Certified
<input type="checkbox"/> Regular JHSC meetings (once every 3 months)
<input type="checkbox"/> Minutes of meetings recorded and posted

WORKPLACE INSPECTIONS

<input type="checkbox"/> Entire workplace inspected Monthly or at least annually (for remote locations)
<input type="checkbox"/> Performed by worker rep. / member
<input type="checkbox"/> Use of Checklist
<input type="checkbox"/> Results shared with Committee – if applicable

<input type="checkbox"/> Results shared with Management
<input type="checkbox"/> Inspection report posted
HEALTH AND SAFETY TRAINING – GENERAL
<input type="checkbox"/> Worker Awareness / Supervisor Awareness as applicable
<input type="checkbox"/> Violence and Harassment
<input type="checkbox"/> WHMIS
<input type="checkbox"/> Onboarding / Orientation (company specific policies/rules and workplace hazards)
<input type="checkbox"/> Emergency Response / Evacuation
<input type="checkbox"/> Documentation and Tracking of training (training records, expiry, renewal)
WORKPLACE INJURY AND INCIDENT REPORTING
<input type="checkbox"/> Injury / Incident reporting procedure / forms
<input type="checkbox"/> Timely Reporting
<input type="checkbox"/> Investigations for all serious or recurring incidents
<input type="checkbox"/> Corrective Actions / Preventative Actions
<input type="checkbox"/> Reported to WSIB / MOL
<input type="checkbox"/> Return to Work Program / Disability Accommodation Program
CHEMICAL HANDLING
<input type="checkbox"/> SDS for all hazardous products
<input type="checkbox"/> Labels on ALL containers – comply with WHMIS 2015
<input type="checkbox"/> Designated storage areas and procedures
<input type="checkbox"/> Handling procedures
<input type="checkbox"/> Disposal / Spill procedures
EMERGENCY RESPONSE
<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Eye Wash
<input type="checkbox"/> Emergency Alarm / Alert System
<input type="checkbox"/> Evacuation Routes and Meeting Area
<input type="checkbox"/> Exit Signs
<input type="checkbox"/> First Aid Providers – list of certified providers, with certificates on hand
<input type="checkbox"/> Emergency Information Posted - phone numbers, evacuation plan, contact info.

