



DRUMHELLER

ADMINISTRATION POLICY



ADMINISTRATION POLICY # A- 06-19

Supersedes #A-06-18

FORMAL FACILITY SAFETY INSPECTION DIRECTIVE

THE PURPOSE OF THIS POLICY IS TO:

As part of the Town of Drumheller's commitment to Safety, Formal Safety Inspections of all facilities are necessary to ensure that all work environments are safe for workers and others who enter the facility.

POLICY STATEMENT:

The Town of Drumheller will ensure that facility inspections will be done on a regular basis. One facility per year will be inspected by the Chief Administrative Officer.

All other facility inspections will be carried out by the facilities health and safety representative, of their respective job sites. All unoccupied facilities will be inspected annually. All facilities occupied by employees or the public will be inspected before each quarterly meeting. Managers and Supervisors of that Facility/Department must participate in at least one inspection a year.

Information regarding inspections will be kept by the Health and Safety Officer and will be available to committee members upon request. Each facility will display the latest inspection on their safety board.

PROCEDURE:

1. All inspections will be completed on the standard form. (Attached)
2. All inspection forms must include a detailed description of the hazards found as well as positive safety aspects about the facility being inspected, which can be written on the back of the standard form.
3. Once completed, the supervisor or department head must review and sign the standard form. All forms will then be forwarded to the Health and Safety Officer, who will produce work memos that includes the priority of the work to be done and the responsible party.
4. The work orders will be in duplicate.
5. One copy will be held by the Health and Safety Office and the second copy will be forwarded to the appropriate Department Head for action. As the work is completed, the work memo will be signed off by the department head and returned to the Health and Safety Office to match up with original to insure completion. (See attached form.)

6. Documented hazard controls (such as engineering or elimination controls) may exceed budget allocations for the current year – these controls will be documented and integrated into the next fiscal year if necessary.

Adopted by Chief Administrative Officer

Date: 

Darryl Drohomerski, CAO

Attachments:

Form Process

Facility Inspection Schedule

Standard Facility Inspection Form

Work Memo



DRUMHELLER



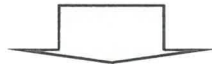
FORMAL FACILITY SAFETY INSPECTION

Form Process

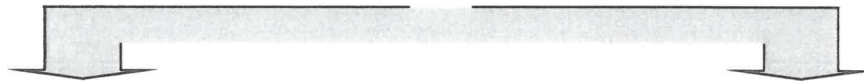
The **Health and Safety Representative from each Facility** will conduct a **Facility Safety Inspection** on their respective facilities in their department, using the standard form.



All **Facility Safety Inspection** forms must include a detailed description of all positive safety aspects about the facility being inspected. Hazards found will be noted and given classification an A B C priority. **Upon completion, the employees will sign their name and title.**



Once completed, the Supervisor or Department Head will review and sign the **Facility Safety Inspection** form. They will then forward it onto the Health and Safety Officer.



<p>Deficiencies Identified: A Work Order will be generated on all deficiencies on the Facility Safety Inspection form. The priority, description of deficiency, corrective action, and date it is required for completion.</p>	<p>No Deficiencies Identified: Facility Safety Inspection form is signed off by the Supervisor or Department Head , HSO, and filed for documentation and reference.</p>
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The work orders will be in duplicate. One copy will be forwarded to the HSO and a second copy will be forwarded to the Supervisor or Department Head for action. Target dates for completion will depend on the level of hazards and type of hazard con-



When the work is completed, the Work Order will be signed off and returned to the HSO to match up with the original to ensure completion. If the work cannot be completed for any reason, a letter must accompany the Work Order with a reason why and when it will be completed.



The Work Orders are reviewed for completion before being filed with the **Facility Safety Inspection**.



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FACILITY INSPECTION LIST AND SCHEDULE

QUARTERLY INSPECTIONS

EMPLOYEE	
Safety Rep	Facility
BCF	Badlands Community
Pool	Aquaplex
PW	Public Works
PW	PW Wood shop
TH	Town Hall
ARENA	Arena
RC	RCMP Detachment
ARENA	FIRE HALLS Drumheller

PUBLIC	
Safety Rep	Facility
WTP	Water Treatment Plant
WTP	Waste Water Treatment Plant

ANNUAL INSPECTIONS – For the third Quarterly Meeting

ARENA	FIRE HALLS Rosedale
ARENA	FIRE HALLS East Coulee
ARENA	Curling Rink
ARENA	Newcastle Concession
ARENA	APL Vault
ARENA	Wayne Com Tower
ARENA	Cantel Tower

WTP	19 th Street Lift
WTP	5 th Street Lift
WTP	Low Lift
WTP	Midland Lift
WTP	Nacmine Lift
WTP	Newcastle Lift
WTP	North Drumheller Lift
WTP	River Intake
WTP	Rosedale
WTP	East Coulee
WTP	Central Water Tower
WTP	Greentree Water Tower



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FACILITY INSPECTION FORM

Facility				Date	Inspected By
Subject	Yes	No	NA	Hazard ABC	Requirements
Grounds:					Walkways unobstructed & in good condition.
					Tripping hazards absent.
					Outside lighting is functional.
Documentation					Accident Forms are Accessible to Employees
					Health and Safety Manual Posted
					OH & S Regulations Accessible to Employees.
					Emergency Evacuation Plan located for all to see.
First Aid:					First Aid kit properly Marked, Dated, & Located.
					First Aid kit stocked.
Accident Prevention Warning Signs					Danger Signs and notices are posted near hazards
					Warning signs: posted where potential hazards may exist.
					Evacuation route maps located throughout facility.
Illumination:					Lighting is adequate for work being done.
					Temporary lights are equipped with panels/guards.
					Emergency lighting available/working for power failure.
Walking Surfaces:					Aisles & Hallways are unobstructed and in good Condition.
					Floors clean, dry & in good condition.
					Mats & grating are in place at entrances.
					Check guards/railing for damage or hazards
					Stairways & elevators unobstructed & in good condition.
Exits:					Exits signs are well marked. Legible & lighted.
					Exits and Egresses are not blocked or obstructed
					Fire alarms are adequate, well marked & functional.
Fire Response					Fire extinguishers properly located, mounted, unobstructed & operational.
					Fire extinguishers: tags & inspection dates listed.
					Fire extinguishers are adequate for fire suppression.
					If applicable/fire suppression system drained & tested
Sanitation:					Waste receptacles in restroom areas
					Soap & Sanitary towels available.
					All areas clean, orderly, sanitary.
					Trash removed or in proper containers.
Storage:					Storage area clean & material properly stacked.
					No sharp projections.
					Shelving stable & secure
					Adequate space for material stored & easy passageway.
					Flammable/solvents properly stored.
Ladders:					Good condition - rungs unbroken, rubber footing present.
					Defective ladders: removed or tagged for repaired.

Subject	Yes	No	NA	Hazard ABC	Requirements
Protective Equipment					Protective equipment available where required i.e., glove, goggles, face shields, etc
					Protective equipment is available.
					SCBA charged & operating.
					SCBA have tags with inspection dates/non-operational.
Electrical Panels					Are secure
					No dangling wires.
					Unobstructed & accessible & properly labelled
					Lock Out locks & tags are in place.
Furnace/Boiler Rm.					WHMIS labels used throughout
					Emergency spill procedure posted.
					Emergency spill kits available
					Emergency eye wash filled & operational.
					Floor is dry & unobstructed.
					Area is continuously ventilated/equipment operational.
					Chemical Cabinets are being used.
Janitor Room Location					WHMIS Labels used throughout.
					Area is neat & tidy.
					Products are sealed.
					Products are in sufficiently contained containers.
Manager's Observation of Employee's Behaviour & Conditions					

HAZARD CLASSIFICATION:

A - High Probability of injury requiring immediate corrective action.

B - Conditions &/or activities which expose one to undue risk or injury & should be correct as soon as possible.

C - Low hazard - fix it item

NOTES & POSITIVE COMMENTS:

Inspected By and Position:

Inspected By and Position:

Manager

Health & Safety Officer



DRUMHELLER

FACILITY INSPECTION WORK ORDER



Date:

Issued By:

Issued To:

WORK ORDER #:

Report Date |

Reported By |

Location |

WORK ORDER DETAILS

WO#	Priority	Description	Corrective Action	Completion	
				Individual	Date

WORK ORDER COMPLETION

WO#	Completion		Signature of Individual
	Individual	Date	

Manager's Signature

Date

*To be completed by the **Health & Safety Officer** only:*

Target Date for Completion:

Date Work Order Completed:

Revised: October 2019