

INSPECTIONS PROGRAM



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INTRODUCTION

The Township of Langley's Inspections Program ensures a plan for conducting inspections on all levels within the Township. The program will define various types of inspections and the recommended frequency of inspection activities to be conducted.

Purpose

The Township of Langley is committed to the identification of unsafe work practices and conditions by performing safety inspections and audits. The purpose of the Inspections Program is to identify hazards and eliminate them, prevent accidents and incidents, reduce downtime, prevent property damage and comply with the WorkSafeBC Regulation.

Policy

It is the policy of the Township of Langley that workers participate in the various types of inspections whether it is a work area, equipment, regular planned inspections and/or special/unplanned inspections.

Scope

There are various participants in workplace inspections. Supervisors, workers, Joint OH&S Committee members, WorkSafeBC Officers and the Safety Advisor are all involved.

Definitions

Audit: means a documented, objective inspection with pre-determined criteria.

Detailed Inspection: means a walk-through survey/review that is documented and kept on file.

Visual Inspection: means a walk-through survey or equipment review.

RESPONSIBILITIES

Senior Management

- Ensuring the Workplace Inspection Program is effective and accessible
- Ensuring inspections are conducted by the appropriate staff
- Providing the resources, time and funding to correct recommendations
- Assisting the Joint OH&S Committee(s) in correcting unsafe conditions or practices

Managers/Supervisors/Foreman

- Conducting inspections as outlined in this program
- Continuously monitoring the workplace and activities in it to ensure that their subordinates are working safely and in a safe environment
- Ensuring unsafe conditions are followed up on and corrected

- Providing the Joint OH&S Committee(s) with information related to any substandard or hazardous conditions which may exist in the area under their control
- Acting on any recommendations made by the Joint OH&S Committee(s) inspections

Workers

- Conducting inspections as outlined in this program
- Continuously identifying all hazards associated with their work and immediately reporting any
 hazards to their Supervisor. Hazards include unsafe equipment, work conditions, actions or
 procedures, defective or non-maintained equipment, or the activities of fellow workers or the
 public.

Joint Occupational Health and Safety Committee

- Conducting inspections as outlined in this program
- Making recommendations to make the workplace safer
- Reviewing previous inspection reports to ensure follow up and action was taken

Safety Advisor

- Conducting inspections as outlined in this program
- Assisting in any inspection where necessary or required
- Making recommendations to make the workplace safer
- Reviewing previous inspection reports to ensure follow up and action was taken

PROGRAM DETAILS

Inspection Types

Work Area Inspections

These are to be performed daily by all parties who are familiar with the work process and the areas they work in. They are visual inspections that should take place before the start of every work day and during work activities. Inspections can include job sites, buildings, construction sites, work areas etc. Workers can also assist and participate by identifying issues/areas of concern.

Tool and Equipment Inspections

These are done daily (or more) by workers. These visual inspections can include machinery, tools, and equipment. All of these inspections are to follow manufacturer's recommendations. Workers must inspect equipment or machinery before each use as part of the Township of Langley Equipment Operating Guidelines or as directed by other regulatory bodies.

Vehicle and Mobile Equipment Inspections

A detailed inspection and review of all safety equipment must be completed before the first trip each day on **all** Township of Langley vehicles and mobile equipment (See TOL Vehicle and Mobile Equipment

Program). If there is any doubt as to the road worthiness of the vehicle, it is to be immediately reported to the shop for assessment prior to being moved.

The Equipment Manager will schedule regular preventative inspections and maintenance checks for all equipment and machinery. The standards to be met will be set from the following with the most stringent standards:

- 1. WorkSafeBC Standards
- 2. Manufacturers Standards
- 3. Industry Standards
- 4. Municipal Standards

Regular Planned Inspections

Safety Committee Inspections

These detailed inspections are preformed at a variety of Township facilities by way of the *Safety Committee Inspection Report* (See Appendix C). They should be performed on a regular basis (See Appendix A). The inspection schedule will be reviewed on an annual basis and the frequency of inspections could increase or decrease taking into consideration past occurrences and inspection results. *Inspection Tips* (Appendix B) are available for the committees to use as a reference and guide in order to complete an effective inspection. The Safety Committee is also required to ensure all Supervisors are completing their *Facility/Field Inspection Reports* (See Appendix D)

Joint OH&S Committee inspections will include but are not limited to:

- Cemeteries
- Community Police Offices
- Dyke Stations
- Fire Halls (Fire Department Safety Committee)
- Civic Facility
- Museum
- Operations Centre Administration
- Operations Centre Yard and Shops
- Outdoor Pools and Spray Parks
- RCMP
- Recreation Centre Aldergrove Kinsmen
- Recreation Centre Walnut Grove
- Recreation Centre WC Blair
- Recreation Centre West Langley Hall
- Sewer Lift Stations
- Water Pump Stations

Fire Department Joint OH&S Committee inspections will include but are not limited to:

- Fire Hall # 2 Fort Langley
- Fire Hall # 3 Aldergrove
- Fire Hall # 4 Willoughby
- Fire Hall # 5 Brookswood
- Fire Hall # 6 Murrayville
- Fire Hall # 7 Otter
- Fire Hall #8 Walnut Grove
- Fire Training Ground

Safety Committee Inspection Guidelines:

1. Pre-Inspection

- Review action items from previous inspection reports for the area to be inspected. These are online or available via the Safety Advisor.
- Familiarize yourself with the area's fire, health and safety problems prior to the inspection.
- Review First Aid Record book.
- Identify critical jobs in the area associated with high accident frequency or have a high potential for severe loss.

2. During Inspection

- Take a copy of the last inspection report, noting those items which have not been remedied.
- Methodically and thoroughly look at all items.
- Make rough notes describing and locating hazardous conditions and procedures.

Immediately ensure that any unsafe conditions, which pose an imminent danger ("A" Hazard) are corrected.

3. Post Inspection

- Prepare inspection report, using established format (Appendix B). Ensure documentation is legible.
 - a) Enter name of area inspected, date, and inspector's name.
 - b) Note hazard classification of items.
 - c) Copy all items from previous report that have not been fixed. Mark items with an asterisk and include date of initial detection.

4. Distribution

- A completed inspection report must be submitted to the area Manager/Supervisors with a copy going to HR/Safety Advisor.

5. Follow Up

- The OH&S Committee must monitor the inspection reports at the regular meetings, and review results with the appropriate Manager/Supervisor/Foreman.
- The OH&S Committee will delegate responsibility to ensure that corrective action is taken on any outstanding items.

Inspection Hazard Classification:

Class A: Imminent hazards requiring immediate corrective action. (High potential for injury to workers).

Class B: Hazardous conditions and activities that are not imminently dangerous but should be attended to as soon as possible. (Potential for injury to workers).

Class C: Low hazards. Generally, do not include machines with moving parts. (Requires correction, not immediately, but requires action).

Facility/Field Inspections

These are preformed at a variety of Township facilities and job sites by way of the *Facility/Field Inspection Report* (See Appendix D).

Facility/Field Inspection Guidelines:

- a) Inspectors should be knowledgeable of the area, equipment or operation taking place and must have the authority to correct the deficiencies uncovered during an inspection.
- b) Inspectors should have a good awareness in hazard recognition and be knowledgeable of any and all safety programs and/or procedures applicable to their area of responsibility.
- c) Applicable areas, hazards and non-compliance situations must be recorded on a Facility/Field Inspection Report.
- d) Education and corrective actions, if any, are to be completed within a reasonable time frame.
- e) Serious hazards should be corrected immediately upon discovery and the offending area or operation secured until the problem is corrected.
- f) When permanent correction takes time, take temporary measures, such as roping off area, tagging out equipment, posting warning signs, etc.
- g) Once the inspection form is completed and actions taken, the form is then signed and delivered to Departmental Management for review.
- h) A copy of completed inspection forms should be made available for the Joint OH&S Committee to review.

Special/Unplanned Inspections

These are done on an undetermined frequency by WorkSafeBC, Safety Advisor and/or the Manager/Supervisor/Foreman. They typically take place when there has been a complaint, a spot inspection may be required or an incident/accident or equipment malfunction has taken place.

TRAINING

Periodic training will be provided to the Joint OH&S Safety Committee(s), Supervisors/Managers and workers on inspection techniques. Topics will cover but not limited to:

- Defining Hazard and Inspection
- Purpose of Workplace Inspections
- Regulatory Requirements
- Recognizing Workplace Hazards

- Conducting an Effective Inspection
- Proper Documentation Required

DOCUMENTATION

- Appendix A Inspection Type and Recommended Frequency Chart
- Appendix B Inspection Tips
- Appendix C Safety Committee Inspection Report
- Appendix D Facility/Field Inspection Report

APPENDIX A



INSPECTION TYPE AND RECOMMENDED FREQUENCY CHART

| INSPECTOR | ТҮРЕ | ACTION | DOCUMENT | FREQUENCY | |
|-------------------------------|---|--------------------|---|---------------|--|
| | Work Area | Visual | No | Daily | |
| Employees | Tools and Equipment | Visual | No | Prior to use | |
| | Vehicle and Mobile Equipment | Detailed | Yes - Pre Trip Post Trip Inspection Form | Prior to use | |
| | | | | | |
| | Work Area | Visual | Yes - Log/Journal | Daily | |
| Supervisors | Regular Planned | Detailed | Yes – Facility/Field Inspection Report | Monthly | |
| Special/Unplanned Inspections | | Detailed | Yes | As needed | |
| | | | | | |
| Senior | Work Area | Visual Detailed | No | Daily | |
| Management | gement Regular Planned (ensuring Supervisor inspections are complete) | | Yes - Log/Journal | Bi - Annually | |
| | | | | | |
| Joint OH&S | | Visual | No | Daily | |
| Committees | Regular Planned (including ensuring Supervisor inspection are complete) | Detailed | Yes - Safety Committee Inspection Report | Monthly | |
| | | | | | |
| Safety | Work Area | Visual | No | Daily | |
| Advisor | Special/Unplanned Inspections | Detailed | Yes | As needed | |





INSPECTION TIPS

General

- ✓ Floors, Stairs and Walkways: Condition, access, secure footing, non slip surfaces where required.
- ✓ **Machinery & Equipment**: Condition, storage and proper use. Log books and preventative maintenance completed; safe operating procedures written and followed.
- ✓ **Tools**: Condition, storage and proper use.
- ✓ **Ladders and Climbing Devices**: Condition, storage and proper use.
- ✓ **Electrical:** Condition of wiring, cords, grounds and connections; cover plates in place.
- ✓ **Housekeeping**: For all areas cleanliness and order; ie. counter/work surfaces tidy, trash and sharps containers available and not overfilled, no tripping hazards.
- ✓ **Illumination**: Corridors, work areas and outside areas well lit.

Fire Prevention and Control

- ✓ Exits: Fire doors kept closed (not jammed) if no automatic closure device. Free access to exits; no storage in fire escapes.
- ✓ **Portable Extinguishers**: Wall mounted, visible/accessible and recently inspected.
- ✓ **Training:** All employees are familiar with: location of fire plan, correct response, extinguisher use and evacuation procedure.

Storage

- ✓ Racks & Shelves: Secure and stable, secured to walls, heavy objects low.
- ✓ Hazardous Materials: No leaks, below eye level, away from the public, flammable/oily rags stored in fire resistant cans.
- ✓ Compressed Gas: Secured and upright.

WHMIS

- ✓ MSDSs: Accessible and current.
- ✓ **Labels:** Legible; workplace labels are applied when product transferred or supplier label becomes illegible.
- ✓ **Training:** Staff know the hazards of the products they are using, the proper protective equipment to be worn and procedures to be followed in the event of an emergency.
- ✓ **Spill Response**: Staff know what to do for a minor and a major spill. Spill clean up equipment is available and written procedures are in place.

Personal Protective Equipment

✓ Personal protective equipment is available, in good working condition and used when necessary.

Emergency Response

- ✓ Communication: Staff know to call 911 in a life threatening situation
- ✓ Emergency plans are in place

APPENDIX C



SAFETY COMMITTEE INSPECTION REPORT

| Facility/Field | Inspection _ | | | Date: | | | | |
|----------------|--------------------------|-------------|---------------------------|-------------------------|--------------|-----------------|---------|--|
| Facility/Field | Representative: | | | Notified on | Notified on: | | | |
| Safety Comm | ittee Representat | ives: _ | | | | | | |
| Last Inspectio | on completed on: | | Employee | Emplo Reviewed: | Yes | No rcle one) | | |
| Area Inspected | Safety Hazard/Concern | A,B, C,X | Recommended Corrective | Comments/Action Plan | Correctiv | pleted | | |
| | | or R | Action | | Date | Name: | Initial | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

= Persons responsible for action

Hazard Ratings: A = Serious Hazard - Immediate corrective action required

B = High Hazard - Corrective action required without delay

C = Potential Hazard - Corrective action required

X = Nosafety hazard found

R = Risk Management Issue (Public Safety only)

APPENDIX D

FACILITY/FIELD INSPECTION REPORT



| Division/Department: | | | | | Time: | | Da | ite: | | |
|--|------------|-------------|-------------|-----------------------|----------------------------|----------|------------|----------|---|------------|
| Inspectors Name: Positi | | | | Position: | | | | | | |
| Inspection Location/Area: | | | | <u>.</u> | | | | | | |
| Job/Task (if required): | | | | | | | | | | |
| Worker Names (if required): | | | | | | | | | | |
| (ii required). | | | | | | | | | | |
| PROTECTIVE EQUIPMENT | | | | ELECTRICAL SA | FETY | | | | | |
| Hard Hat | YES | NO | N/A | Authorized N | | | YES | NO | | N/A |
| Hi Visibility Apparel | YES | NO | N/A | Safe Distance YES NO | | | N/A | | | |
| Eye Protection | YES | NO | N/A | Low Voltage | | | YES | NO | | N/A |
| Hearing Protection | YES | NO | N/A | High Voltage | | | YES | NO | | N/A |
| Footwear Gloves | YES YES | NO NO | N/A | Proper Equip | | | YES YES | NO NO | | N/A |
| Fall Harness | YES | NO NO | N/A N/A | Utility Locate | orkers = # loc | ke) | YES | NO NO | | N/A N/A |
| Respirator | YES | NO | N/A | | ectrical Equip | | YES | NO | | N/A |
| VEHICLES | | | | W.H.M.I.S. | | | | | | |
| Pre/Post Trip Inspection | YES | NO | N/A | MSDS Availa | ability | | YES | NO | | N/A |
| Authorization | YES | NO | N/A | | els/Workplac | e Labels | YES | NO | | N/A |
| Cleanliness | YES | NO | N/A | WHMIS Train | | c Luccio | YES | NO | | N/A |
| Proper Usage | YES | NO | N/A | Proper Person | nal Protection | | YES | NO | | N/A |
| Insurance Papers Available | YES | NO | N/A | Spill Respons | se Knowledge | | YES | NO | | N/A |
| EQUIPMENT/TOOLS | | | | EMERGENCY | | | | | | |
| EOG's Available | YES | NO | N/A | | ighting Tested | | YES | NO | | N/A |
| Authorized Use/Training | YES | NO | N/A | | sher (Expiry D | | YES | NO | | N/A |
| Proper Maintenance | YES | NO | N/A | | vailable & Tes | ted) | YES | NO | | N/A |
| Pre-Use Inspection | YES | NO | N/A | | | | | N/A | | |
| Fire Extinguisher Available Guards In Place | YES YES | NO NO | N/A N/A | , | | | N/A N/A | | | |
| | TLO | 110 | 11/11 | 1 | , | <i></i> | TLO | | | 14/ 21 |
| TRAFFIC CONTROL | VEC | NO | NT / A | COMPUTER WO | | | VEC | NO | | NT / A |
| Vehicle Trailer | YES YES | NO NO | N/A N/A | Proper Screen | hair (adjustab n Height | ie) | YES YES | NO NO | | N/A N/A |
| Flag Person | YES | NO | N/A | Keyboard Tra | | | YES | NO | | N/A |
| Proper Sign Placement | YES | NO | N/A | Working Pos | | | YES | NO | | N/A |
| Proper Cone Placement | YES | NO | N/A | Repetitive M | | | YES | NO | | N/A |
| Traffic Control Plan | YES | NO | N/A | Primary Wor | kspace | | YES | NO | | N/A |
| SAFE WORK PROCEDURES | | | | HOUSEKEEPING | 3 | | | | | |
| SWP's Available | YES | NO | N/A | Cleanliness | | | YES | NO | | N/A |
| SWP's Followed | YES | NO | N/A | No Tripping, | /Slipping Haz | ards | YES | NO | | N/A |
| SWP's Developed | YES | NO | N/A | | ss Maintained | | YES | NO | | N/A |
| Tailgate Talk Performed | YES | NO | N/A | Proper Equip | ment Placeme | ent | YES | NO | | N/A |
| Working Alone Procedures | YES | NO | N/A | | | | YES | NO | | N/A |
| RIGGING SAFETY – chains and sl placement, etc | ings ident | ified, insp | ected, hoo | oked on properly, | | PASS | | FAIL | | N/A |
| EXCAVATION SAFETY – 4ft rule, etc | shoring u | sed, ladd | er, procedi | ures onsite and follo | wed, | PASS | | FAIL | | N/A |
| FALL PROTECTION - procedures | followed, | equipme | nt inspecte | ed and used, anchor | points, | PASS | | FAIL | | N/A |
| confined space entry - gas | monitor o | communic | ation entr | v documentation etc | <u> </u> | PASS | | FAIL | П | |
| LADDER USE – angle (4:1), secure | | | | y documentation, ex | | PASS | | FAIL | | N/A |
| VEHICLE IN MOTION – seatbelts | | | | | | PASS | | FAIL | | N/A |
| | | | | RED USE BAC | | | | FAIL | | N/A |
| | | | | | | | | .1. | | |
| Supervisor (Signature): | | | | | | | _ Da | ate: | | |
| Reviewed by: | | | | | | | _ Da | ate: | | |
| | | | | | | | | | | |

| CORRECTIVE ACTION/ COMMENTS: |
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