

Section 6-1 – Workplace Inspections

PURPOSE Workplace inspections will be conducted to identify, monitor, follow-up and control or eliminate all hazards.

SCOPE Workplace Inspections will help determine the degree of compliance with applicable legislation and site safety policies

RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Will schedule each Health and Safety Worker Representative to conduct his/her scheduled inspection at minimum monthly or as directed by the inspection schedules at their current workplace location.
- Distribute Workplace Inspection documentation to be used to record the site specific health and safety observations.
- Set general workplace inspection schedule for all required workplace inspections.
- Collect and file all completed Workplace Inspection forms from all completed inspections at the conclusion of each project.
- Inspect for the completeness of inspections.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Develop corporate health and safety orientation documentation, policies and procedures where required.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.
- Ensure all company employees receive the appropriate training and workplace specific overviews.

Senior Management Responsibilities:

- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Ensure that the equipment, materials and protective devices are provided, maintained in good condition and used as prescribed.
- The measures and procedures prescribed are carried out in the workplace.

Project Manager Responsibilities:

- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

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Superintendent Responsibilities:

- Complete Weekly Workplace Inspections to be completed on all projects under authority according to the schedule and site specific needs.
- Record the findings, observations and follow up activities on the Workplace Inspection form to demonstrate compliance.
- Site locations that are scheduled to last 5 working days or longer during a standard work week shall have a minimum of one weekly workplace inspection completed using (6-1-1 Form).
- This Weekly workplace inspection requirement extends to sites where we operate as either a Contractor or Constructor.
- Review findings with each Foreman to ensure identified non-conformities to correct each unsafe condition.
- Assist in the follow-up on the findings and correction of each unsafe condition.
- Ensure that copies (hard copy or electronic) of completed workplace inspections are submitted to the Health and Safety Coordinator on a weekly basis.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Foreman Responsibilities:

- Participate in the workplace inspections with the Superintendent to identify unsafe conditions noted on the inspection report.
- Assist the Superintendent in the follow-up to the findings and correction of each unsafe condition.
- Ensure records of the corrected unsafe condition are recorded.
- Allow for follow up questions and clarification of topics as needed.
- Ensure, where reasonably possible, that every workplace party complies with all Occupational Health and Safety Act and Regulations.
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

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Workers Responsibilities:

- Participate in the Workplace inspections as required.
- Advise Foreman if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.
- Report to his or her Foreman any contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device.

PROCEDURE:

The **Health and Safety Coordinator** ensures an appropriate inspection schedule outlining **Health and Safety Worker Representative** and **Foreman or Superintendent** Inspections.

Formal **Inspection Report Forms** detailing the findings, actions taken will be developed and distributed. The Workplace Inspection schedule will be at the discretion of the **Foreman or Superintendent** or **Health and Safety Worker Representative** as is as follows:

Inspector	Frequency of Inspection	Date/ Day
Superintendent or Foreman	Weekly	To be determined at their location.
Health and Safety Worker Representative	Monthly	To be determined at their Site/ Industrial / Office location.

The **Health and Safety Worker Representative** will conduct his/her location specific workplace inspection using **(6-1-2- Form)** for the office and maintenance shop and **(6-1-3 - Form)** for the asphalt plant at minimum monthly or as directed by the inspection schedule at their current workplace location.

The **Superintendent** or **Foreman** will conduct a site level inspection using Form **(6-1-1 - Form)** at minimum Weekly as directed by the inspection schedule.

Identified Hazards will be rated based on the likelihood of personal injury or facility, material or equipment damage. This rating system is defined on each inspection form and will be recorded for each identified hazard as identified below.

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Risk Rating: (Risk Rating takes into account the Frequency and Severity of the Hazard)			
Severity	Frequency		
	Low (Monthly)	Medium (Weekly)	High (Daily)
Low	C	B	B
Medium	C	B	A
High	B	A	A
C	Low Risk:	Low risk of injury or equipment / property damage.	
B	Medium Risk:	Medium risk of injury or equipment / property damage.	
A	High Risk:	High risk of injury or equipment / property damage.	

Each individual who completes a workplace inspection will ensure or assist in scheduling and/or correcting unsafe practices and/or conditions including through documented directive to the responsible parties.

Repeated and/or serious violations, will be cause for additional "Corrective Actions" or Progressive Disciplinary Actions where required.

When a workplace inspection is undertaken on a project where Gazzola is a subcontractor, any unsafe practices and/or condition that can not be corrected by Gazzola shall be reported to the prime contractor for correction. The workplace inspection shall document the notification to the prime contractor and when the prime contractor corrected the unsafe practice or condition.

DISTRIBUTION: All inspection reports will be distributed as follows;

- Copy from the Superintendent to the Foreman
- Completed copies to the Health and Safety Coordinator

RECORDS: Through the duration of the workplace inspection forms within our locations, all completed Workplace Inspection reports must be submitted to the **Health and Safety Coordinator**.

The inspection report forms and any subsequent follow-up must be maintained on file for the duration of the project or facility and subsequently retained on file indefinitely.



Jobsite Inspection Form

Weekly (Foreman/Superintendent) Monthly (H&S Rep.)

Date of Last Monthly Inspection: d d / m m / y y y y

Time:

Date: d d / m m / y y y y

Weather: (Temperature, Humidity, Conditions & Warnings)

Site Location / GTAA OCC #: (Address, Nearest Location)

Project / Job Number:

Rating: **A** = high risk of injury or equipment / property damage. **B** = moderate risk of injury or equipment / property damage. **C** = low risk of injury or equipment / property damage. **N/A** = not applicable.

Date: Every issue recognized, needs corrective actions identified (addressed in the Notes section) and the date the issue was resolved, recorded. Record an "R" if for repeating issues.

NOTE: ONLY ITEMS MARKED AS NEEDS IMPROVEMENT WILL NEED TO BE RATED (A,B OR C) AND THE DATE OF RESOLVING THE ISSUE RECORDED

(✓: good, ✖: needs improvement)	Item Inspected:	Rating:	Date:
General Requirements			
<input type="checkbox"/>	Adequate Lighting (ex. For night work)	A B C	d d / m m
<input type="checkbox"/>	All labels on hazardous agents are in adequate condition (visible and readable)	A B C	d d / m m
<input type="checkbox"/>	Danger / Warning signs posted where required	A B C	d d / m m
<input type="checkbox"/>	Gas Cylinders (ex. properly secured, proper storage, protective caps in place)	A B C	d d / m m
<input type="checkbox"/>	Gazz Cards and Inspections Completed (and handed in)	A B C	d d / m m
<input type="checkbox"/>	Jobsite Document Checklist is completed	A B C	d d / m m
<input type="checkbox"/>	Jobsite is Clean and Orderly (Unobstructed Access and Egress)	A B C	d d / m m
<input type="checkbox"/>	Potable Drinking Water Present	A B C	d d / m m
<input type="checkbox"/>	Tools and Equipment in adequate condition (ex. guards are in place)	A B C	d d / m m
<input type="checkbox"/>	Washroom Facilities clean and sanitary with soap/hand cleanser present	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Emergency Response			
<input type="checkbox"/>	Fire Extinguishers (ex. Located where required, charged, tagged and inspected)	A B C	d d / m m
<input type="checkbox"/>	First Aid Kits and Eyewash (ex. Stocked, present)	A B C	d d / m m
<input type="checkbox"/>	Spill Kits (Stocked and Present for use if needed)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Vehicle Traffic			
<input type="checkbox"/>	Book 7 compliant set-up	A B C	d d / m m
<input type="checkbox"/>	Traffic Control Devices (ex. Equipment as Blockers, Barriers, Crash Trucks)	A B C	d d / m m
<input type="checkbox"/>	Traffic Control Plans & Traffic Protection Plans are complete	A B C	d d / m m
<input type="checkbox"/>	Trained Traffic Control Persons (with the manual present)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			

Item Inspected:	Rating:	Date:
Mobile Equipment		
<input type="checkbox"/>	Back Up Alarms / Beacons Functioning (& sound horn twice before reversing)	A B C d d / m m
<input type="checkbox"/>	Minimize the need for reversing (drive through operations where possible)	A B C d d / m m
<input type="checkbox"/>	Operator's Manual present	A B C d d / m m
<input type="checkbox"/>	Path of Travel and Safe Limit of Approach being respected	A B C d d / m m
<input type="checkbox"/>	Pre-use inspections complete and documented	A B C d d / m m
<input type="checkbox"/>	Signal Person used as required	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Personal Protective Equipment (PPE)		
<input type="checkbox"/>	Minimum PPE* (Hard Hat, Safety Boots & Reflective Clothing in good condition)	A B C d d / m m
<input type="checkbox"/>	Additional PPE Available (ex. Safety Glasses, Ear Plugs, Specialized PPE as required)	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Electrical Hazards		
<input type="checkbox"/>	Overhead danger signs in place	A B C d d / m m
<input type="checkbox"/>	Locates (verified, current, visible, kept with the operator)	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Trenches and Excavations		
<input type="checkbox"/>	Properly sloped as required (Shoring or Trench Box used)	A B C d d / m m
<input type="checkbox"/>	Adequate preventative protection in place (fencing, guard rails)	A B C d d / m m
<input type="checkbox"/>	Spoil pile at least 1m from trench	A B C d d / m m
<input type="checkbox"/>	Proper access / egress to trench	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		

Name of Person Filling out this form: _____

Signature: _____



Shop / Office Inspection Form

INSPECTION TYPE

(Please Check)

- Management
 H & S Committee

DEPARTMENT

DATE

LOCATION

INSPECTOR

CHECK LIST

HOUSEKEEPING/SITE

Doors & Doorways clear, Aisles, Stairs, Floors, Garbage. Workspace tidy no trip hazards.

MACHINERY/EQUIPMENT

Daily Inspection, Guarding, Maintenance, Goggles, Nip Points, Extension Cords, Storage Cabinets, Proper Blocking/Chocking to prevent movement.

PERSONAL PROTECTIVE EQUIPMENT

Hard Hats, Safety Shoes or Boots, Eye Protection, Hearing Protection, Gloves, Appropriate Signage for PPE.

LIGHTING

Portable, Overheads, Exterior, Garages.

LADDERS, STAIRS

Ladders, Tie Offs, Hand Rails, Ramps, Driveways, and Walkways.

FIRE PROTECTION

Emergency Plans, Combustible Materials, Sources of Combustion, Extinguishers, Signage, Emergency Exit Signs (identified, unobstructed and operational).

HEALTH HAZARDS

Dust, Gases, Smoke, Fumes (welding & diesel), Noise, Toxic Materials, Sharps.

FIRST AID

WSIB Poster (Form 82), Location, Equipment, Cleanliness, Kit, Certificates, Inspections/Tags, List of First Aid Trained Employees.

ELECTRICAL EQUIPMENT

Outlets (covers/protectors), Garage Door Operators, Ground Fault Interrupters, Generators, Electrical Equipment Secured, Electrical Panel (free from obstruction, labelled for use), Extension Cords.

OTHER SAFETY EQUIPMENT

Compressed Gas Storage, Cylinders secure, Unused Propane Cylinders Stored Outside, Adequate Ventilation, and Eye Wash Station.

OTHERS

Confined Space, Lifting Devices, Ergonomics, Air Quality, WHMIS Station; Storage, Identification and Labelling of materials.

SAFETY BOARD

Legislation (Green Book), Committee Member Names & Minutes, Policy Statement, OSHA Extracts Poster, Health and Safety Manual.

Item #	Hazard Class	Item(s) and Hazard(s) Observed (and exact location)	Repeat Item		Corrective Action Recommended	Supervisor Follow-Up	
			YES	NO		Action Taken	Date

COMMENTS: (Any observations not previously noted and positive feedback)

HAZARD CLASSIFICATION:

Class A	HIGH RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE
Class B	MODERATE RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE
Class C	LOW RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE

H&S Committee Rep:

Signature:



Asphalt Plant Inspection Form

(To be completed Monthly)

Time:

Date: d d / m m / y y y y

Weather: (Temperature, Humidity, Conditions & Warnings)

Rate: **A**-high risk of injury or equipment / property damage. **B**-moderate risk of injury or equipment / property damage. **C**-low risk of injury or equipment / property damage. **N/A**-not applicable.

Date: Every issue recognized, needs corrective actions identified (addressed in the Notes section) and the date the issue was resolved, recorded. Record an "R" if for repeating issues.

NOTE: ONLY ITEMS MARKED AS NEEDS IMPROVEMENT WILL NEED TO BE RATED (A, B OR C) AND THE DATE OF RESOLVING THE ISSUE RECORDED

(✓: good, ✖: needs improvement)

Item Inspected:	Rate:	Date:
General Requirements		
<input type="checkbox"/> Jobsite Document Checklist is complete	A B C	d d / m m
<input type="checkbox"/> Plant start up warning is functioning	A B C	d d / m m
<input type="checkbox"/> Jobsite is clean and orderly (unobstructed access and egress)	A B C	d d / m m
<input type="checkbox"/> "Authorized Entry Only" "Danger" & "Warning" Signs as required	A B C	d d / m m
<input type="checkbox"/> Smoking only occurs in designated areas	A B C	d d / m m
<input type="checkbox"/> Adequate Lighting is present (ex. for night work)	A B C	d d / m m
<input type="checkbox"/> Potable drinking water & Sanitary Washrooms are present	A B C	d d / m m
<input type="checkbox"/> All labels on hazardous agents are visible and readable	A B C	d d / m m
<input type="checkbox"/> Cylinders are secure, and stored up-right with protective caps	A B C	d d / m m
<input type="checkbox"/> Proper storage of material and equipment	A B C	d d / m m
<input type="checkbox"/> Tools, Equipment & Vehicles are in adequate condition	A B C	d d / m m
<input type="checkbox"/> Lock-Out Procedures are performed (locks and tags available)	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m

Notes / Required Actions:

Item Inspected:	Rate:	Date:
Emergency Response		
<input type="checkbox"/> Fire Extinguishers are present, charged and inspected	A B C	d d / m m
<input type="checkbox"/> First Aid Kits, Eyewash & Spill Kits are present, stocked & inspected	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		
Manual Material Handling		
<input type="checkbox"/> Minimize High Repetitions, High Loads, and Awkward Postures	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		
Confined Space (CS)		
<input type="checkbox"/> CS is adequately secured with signage	A B C	d d / m m
<input type="checkbox"/> CS Entry Procedures are followed (no unauthorized access)	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m

Notes / Required Actions:

(✓: good, ✖: needs improvement)	Item Inspected:	Rate:	Date:
Electrical Hazards			
<input type="checkbox"/>	High Voltage areas are labelled and secured	A B C	d d / m m
<input type="checkbox"/>	GFCIs are present, in adequate condition	A B C	d d / m m
<input type="checkbox"/>	Electrical / Extension cords have Ground Pins intact	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Personal Protective Equipment (PPE)			
<input type="checkbox"/>	PPE* in good condition (Hard Hat, Safety Boots & High Vis.)	A B C	d d / m m
<input type="checkbox"/>	Additional PPE Available (ex. Safety Glasses, Ear Plugs)	A B C	d d / m m
<input type="checkbox"/>	Specialized PPE Available (ex. Arch Flash & Electrically Insulated)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Working at Heights			
<input type="checkbox"/>	Ladders are adequately protected and in good repair (i.e. caged)	A B C	d d / m m
<input type="checkbox"/>	Cat Walks and Ramps have adequate Fall Protection in place	A B C	d d / m m
<input type="checkbox"/>	Guardrails complete (top rail, mid rail and toe board present)	A B C	d d / m m
<input type="checkbox"/>	Fall Arrest Harness and Lanyard in adequate condition	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			

Item Inspected:	Rate:	Date:
Mobile Equipment		
<input type="checkbox"/>	Minimize reversing (drive-through operations where possible)	A B C d d / m m
<input type="checkbox"/>	Back-up warning signs present	A B C d d / m m
<input type="checkbox"/>	Alarms / beacons functioning (sound horn twice before reversing)	A B C d d / m m
<input type="checkbox"/>	Mirrors (in good repair) and a Signal Person used as required	A B C d d / m m
<input type="checkbox"/>	Path of Travel and Safe Limit of Approach being respected	A B C d d / m m
<input type="checkbox"/>	Equipment pre-use inspections & the operator's manual present	A B C d d / m m
Notes / Required Actions:		
Conveyors		
<input type="checkbox"/>	Moving parts and Pinch Points are Guarded	A B C d d / m m
<input type="checkbox"/>	Guards are present beneath conveyors preventing falling debris	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Hoisting		
<input type="checkbox"/>	Chains & Slings Labelled, Rated, in Good Repair & Stored Properly	A B C d d / m m
<input type="checkbox"/>	Logs and Manuals updated & Available	A B C d d / m m
<input type="checkbox"/>	Competent Signal Person (Used when Required)	A B C d d / m m
<input type="checkbox"/>	Come Along Chain Hoists & Safety Latches on Hooks in Good Repair	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		

Name of H&S Rep./JHSC Worker member: _____ Signature: _____ Page 2 / 2

Section 6-2 – Machinery and Equipment Inspections

PURPOSE Pre-Operation Checklist Inspections of our commercial mobile vehicles (CVOR), machinery and/or equipment will have a pre-use inspection performed to ensure they maintain a functionality in accordance with the manufactures specification and the legislative requirements.

SCOPE Pre-Operation Checklist Inspections of our commercial mobile vehicles, machinery and/or equipment will help determine the degree of compliance with applicable legislation and site safety policies.

RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Comply with all the requirements as defined under the Operators Manuals, Occupational Health and Safety Act and Regulations.
- Assist in developing corporate health and safety orientation documentation, policies and procedures where required.

Senior Management Responsibilities:

- Ensure all company employees receive the appropriate training and workplace specific overviews.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Ensure that the equipment, materials and protective devices as prescribed are provided, maintained in good condition and used as prescribed.
- The measures and procedures prescribed are carried out in the workplace.

Project Manager Responsibilities:

- Distribute the Equipment Pre-Operation Checklist Inspection package to be used to record the vehicle or equipment specific health and safety condition and observations.
- Ensure appropriate distribute and obtain or all completed inspection checklists for various equipment/machinery.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Superintendent Responsibilities:

- Where applicable, review any findings with each required Foreman to ensure identified non-conformities to correct each unsafe condition from Equipment Pre-Operation Checklist Inspection package.
- Assist in the follow-up on the findings and correction of each unsafe condition.

Section 6-2 – Machinery and Equipment Inspections

- Ensure that copies (hard copy or electronic) of completed workplace inspections are submitted to the Health and Safety Coordinator on a weekly basis.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Foreman Responsibilities:

- Participate in the review of the completed Equipment Pre-Operation Checklist Inspection package with the Superintendent to identify unsafe conditions noted on the inspection report.
- Assist the Superintendent in the follow-up to the findings and correction of each unsafe condition.
- Ensure records of the corrected unsafe condition are recorded.
- Allow for follow up questions and clarification of topics as needed.
- Ensure, where reasonably possible, that every workplace party complies with all Occupational Health and Safety Act and Regulations.
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

Workers Responsibilities:

- When as an approved operator, conduct an Equipment Pre-Operation Checklist Inspection using the provided package of your assigned equipment.
- Record the findings, observations and follow up activities on the appropriate Equipment Pre-Operation Checklist Inspection package to demonstrate compliance.
- Record all observations that demonstrate compliance and non-compliance as found during the inspections process.
- Advise Foreman if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations;
- Report to his or her Foreman any contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device;

Section 6-2 – Machinery and Equipment Inspections

PROCEDURE: Trucks, Vehicles and Equipment which are CVOR registered or site equipment are required to be inspected every day when they are used prior to operating at the beginning of a work shift. Forms to be used for this purpose are as follows within the document **(6-2-1 Form)** for Equipment and **(6-2-2 Form)** for CVOR vehicles. The inspections conducted daily by the by the operator will be called Pre-Use Inspections.

These Pre-Operation Checklist Inspection requirements include a specific list of inspection items that must be on and ensure the operators follows the schedule for inspection at all times.

Any employee operating their own personal vehicle for authorized company business must have an appropriate class of license for the vehicle being operated and appropriate insurance coverage for operating a personal vehicle for business use. These vehicles do not require the use of our pre-trip inspection forms.

Step 1 All commercial licensed mobile vehicles requiring CVOR compliance or exceeding 4500 Kg in weight and/ or required machinery/ equipment will be inspected on a pre-use basis using **(6-2-2 Form)**.

Step 2 All Mobile equipment and/ required machinery/ or equipment will be inspected on a pre-use basis using **(6-2-1 Form)**.

Step 3 The **Superintendent or Foreman** shall obtain all completed inspection forms for various equipment/machinery (i.e. commercial licensed mobile vehicles, Equipment and Machinery) and submit to the **Project Manager** of the maintenance facility.

Step 4 Reported defects or other deficiencies observed during pre-use inspections are documented on our inspection forms. Substandard or otherwise unsafe conditions must be rectified and made safe prior to use.

Note: If a hazardous condition is identified, the vehicle, equipment / machinery must not be used, rather taken out of service (locked out) and tagged – until repairs or adjustments have been made by an authorized person. The Foreman or Superintendent must be made aware of the circumstances immediately and given a copy of the inspection report and contact the appropriate certified service provided.

DISTRIBUTION: Upon completion of follow-up activities, copy to the Project Manager

RECORDS: Through the duration of the project or facility location, all Pre-Operation Checklist Inspection reports must remain in the safety files for review by the Health and Safety Coordinator and/or authorities having jurisdiction.

The Pre-Operation Checklist Inspection report forms and any subsequent follow-up must be maintained on file for the duration of the project or facility and subsequently retained on file for a minimum of six (6) months and if a defect has been noted for a minimum of two (2) years.



Equipment Pre-Operational Checklist Instructions

A pre-operational safety inspection and the Equipment Pre-Operational Checklist is to be completed at the start of every shift by the operator, prior to using any equipment.

NO EXCEPTIONS.

The Equipment Pre-Operational Checklist is to be signed and dated by the worker and the foreman/supervisor to ensure that the pre-operational safety inspection has been completed and defects are reported as required.

The equipment is to be maintained, used and inspected in accordance with the manufacturer's requirements. The operator's manual is the best reference for information regarding equipment safety inspections and safe operation. Every operator must be familiar with the contents of the operator's manual for every piece of equipment they operate.

The attached Equipment Pre-Operational Checklist is a general outline of the components and areas of the equipment that are to be inspected.

Equipment operators must be competent and trained on the specific equipment that they operate. Operators of cranes, forklifts and power elevated work platforms, require specific training to be considered competent. Cranes, forklifts and powered elevated work platforms (PEWP) require the completion of a separate, equipment-specific Pre-Operational Checklist.

EQUIPMENT SHALL NOT BE OPERATED/MOVED BY AN UNTRAINED WORKER.

Reporting Mechanical Defects Requiring Repair

The equipment operator is to check the "YES" box, circle the item in the list on the right and write the specific details about all items requiring service, as well as immediately report all problems to the Foreman/Superintendent. The white copy of the Equipment Pre-Operational Checklist is forwarded to the mechanics and the yellow copy remains in the book. The Foreman/Superintendent will notify the mechanical department of the reported equipment problems. Any safety related mechanical problems are to be repaired prior to using the equipment.

UNSAFE EQUIPMENT SHALL NOT BE OPERATED.



GAZZOLA PAVING LIMITED

529 CARLINGVIEW DRIVE, ETOBICOKE, ONTARIO M9W 5H2

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EQUIPMENT PRE-OPERATIONAL INSPECTION

(This form is to be used for ALL mobile equipment except cranes, forklifts & PEWPs)

Equipment #: <i>R38</i>	Hour/km: <i>2098</i>	Inspection Time: <i>6:45 am</i>
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- Please check the box indicating that the operator has read and understands the operator's manual regarding information about equipment safety inspections and safe operation.

Defects Noted YES or NO		Equipment Components or Areas Inspected:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Engine Area: clean and check the radiator, belts, hoses
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fluid Levels: engine oil, transmission oil, hydraulic oil, coolant, greasing system
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Safety Devices: <u>back-up alarm</u> , horn, mirrors (clean & adjusted), warning stickers / signs (in place & legible), emergency stop, seatbelts (must be used by the operator when seated), handholds, guardrails, steps (clean, ensure 3-point contact), machine guarding, lift arm safety supports
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lights: yellow / blue beacon(s), headlights, <u>flood lights</u> , marker lights, signal lights, brake lights, tail lights
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional Equipment: operator's manual (mandatory); first aid kit & fire extinguisher (if equipped)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operator Controls: braking & emergency braking (under load), gauges, switches, windows, wipers, operator control functions: steering, throttle, transmission
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operational Check: conveyors, bucket, loader arms, feed & discharge points, tires, tracks, forks, quick coupler locked, attachments

When an operator finds a defect(s) in operator controls and/or braking systems that could allow uncontrolled movement, the operator will immediately stop using the equipment and report the defect to the Foreman / Superintendent. The Foreman / Superintendent will immediately request a repair. The equipment is **NOT** to be operated until the repair has been completed.

Note Items to be Repaired:

1. *Back up alarm not working*2. *Rear, right flood light not working*

3.

4. *(The R38 is parked at Lawrence and Banbury Road, Toronto)*

Operator Name (Print):

Chris P. Bacon

Signature:

Chris Bacon

Date:

17 / 08 / 2016

THIS BOOK WILL REMAIN WITH THE EQUIPMENT AT ALL TIMES

White copy – is to be forwarded to the mechanics. Yellow copy – remains in the book.



GAZZOLA PAVING LIMITED

529 CARLINGVIEW DRIVE, ETOBICOKE, ONTARIO M9W 5H2

TEL: 416-675-7007 • FAX: 416-675-4370

EQUIPMENT PRE-OPERATIONAL INSPECTION

(This form is to be used for ALL mobile equipment except cranes, forklifts & PEWPs)

Equipment #:	Hour/km:	Inspection Time:
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- Please check the box indicating that the operator has read and understands the operator's manual regarding information about equipment safety inspections and safe operation.

Defects Noted YES or NO	Defects Noted YES or NO	Equipment Components or Areas Inspected:
<input type="checkbox"/>	<input type="checkbox"/>	Engine Area: clean and check the radiator, belts, hoses
<input type="checkbox"/>	<input type="checkbox"/>	Fluid Levels: engine oil, transmission oil, hydraulic oil, coolant, greasing system
<input type="checkbox"/>	<input type="checkbox"/>	Safety Devices: back-up alarm, horn, mirrors (clean & adjusted), warning stickers / signs (in place & legible), emergency stop, seatbelts (must be used by the operator when seated), handholds, guardrails, steps (clean, ensure 3-point contact), machine guarding, lift arm safety supports
<input type="checkbox"/>	<input type="checkbox"/>	Lights: yellow / blue beacon(s), headlights, flood lights, marker lights, signal lights, brake lights, tail lights
<input type="checkbox"/>	<input type="checkbox"/>	Additional Equipment: operator's manual (mandatory); first aid kit & fire extinguisher (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	Operator Controls: breaking & emergency braking (under load), gauges, switches, windows, wipers, operator control functions: steering, throttle, transmission
<input type="checkbox"/>	<input type="checkbox"/>	Operational Check: conveyors, bucket, loader arms, feed & discharge points, tires, tracks, forks, quick coupler locked, attachments

When an operator finds a defect(s) in operator controls and/or braking systems that could allow uncontrolled movement, the operator will immediately stop using the equipment and report the defect to the Foreman / Superintendent. The Foreman / Superintendent will immediately request a repair. The equipment is **NOT** to be operated until the repair has been completed.

Note Items to be Repaired:

5. _____
6. _____
7. _____
8. _____

Operator Name (Print): _____

Signature: _____

Date: _____

d d / m m / y y y y

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