* **Date of Inspection:** 24/10/2024
* **Names of persons conducting inspection: Patrick Idoga**
* **Location:** Engineering Stores

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Checklist Questions** | **YES** | **NO** | **N/A** | **Comment** |
| **1.0** | **Fire and Emergency** |  |  |  |  |
| 1.1 | Are all access and exit points readily accessible (clear and no locks restricting them)? | **yes** |  |  |  |
| 1.2 | Portable fire extinguishers: appropriate  type, readily available and inspected | yes |  |  |  |
| 1.3 | Where installed, have fire extinguishers been inspected within the last six months? | yes |  |  |  |
| 1.4 | Is the Fire alarm system working? | yes |  |  |  |
| 1.5 | Are all employees aware of the emergency procedures for the workplace? | yes |  |  |  |
| 1.6 | Is Assembly Point Clearly Marked? | yes |  |  |  |
| **2.0** | **Housekeeping and Layout** |  |  |  |  |
| 2.1 | Is the work area tidy, organized and free of trip hazards? | yes |  |  |  |
| 2.2 | Are walkways uncluttered and free of obstruction? | yes |  |  |  |
| 2.3 | Are floor surfaces, including stairs, clean and in good condition? | yes |  |  |  |
| 2.4 | Are handrails, including on stairs, secure? | yes |  |  |  |
| 2.5 | |  | | --- | | No electrical leads across walkways? | | yes |  |  |  |
| 2.6 | Is the work area free of unsecured sharp edges or surfaces that could cause injury during routine workplace activity? | yes |  |  |  |
| 2.7 | Is there an adequate system in place for regular waste disposal? | yes |  |  |  |
| **3.0** | **General Environment** |  |  |  |  |
| 3.1 | Are the lights installed in the work area all operating? | yes |  |  |  |
| 3.2 | Are all ventilation systems installed in the work area operational? | yes |  |  |  |
| 3.3 | Where installed, are the office air-conditioning operational? | yes |  |  |  |
| 3.4 | Workers trained in use of personal protective equipment (PPE) | yes |  |  |  |
| **4.0** | **Hazardous Substances** |  |  |  |  |
| 4.1 | Hazardous substances are properly labelled, stored and disposed of (observe)? |  |  | n/a |  |
| 4.2 | A safety data sheet (SDS) for each product is available and accessible (ask worker)? |  |  | n/a |  |
| 4.2 | Is there a safe use and storage of hazardous substances (ask worker)? |  |  | n/a |  |
| 4.3 | Flammable products stored properly? |  |  | n/a |  |
| 4.4 | All users trained? |  |  | n/a |  |
| 4.5 | Fume hoods and working properly? |  |  | n/a |  |
| 4.6 | Are there warning signs? |  |  | n/a |  |
| 4.7 | Adequate ventilation and extraction? | yes |  |  |  |
| **5.0** | **Electricity** |  |  |  |  |
| 5.1 | Are all plugs, sockets, power boards and cords in working order (i.e., cords not frayed etc.) and secured to avoid trip hazards? Portable hand tools are grounded or double insulated; cord in good condition? | yes |  |  |  |
| 5.2 | Machines properly grounded? | **yes** |  |  |  |
| 5.3 | Clear access to electrical panels and no combustible material stored around? | yes |  |  |  |
| 5.4 | All electrical equipment tagged? | yes |  |  |  |
| 5.5 | Emergency shutdown procedures in place and clearly tagged? | yes |  |  |  |
| 6.0 | **Tools and Machinery** |  |  |  |  |
| 6.1 | Guarding and safety devices in place? | yes |  |  |  |
| 6.2 | Start/Stop switches clearly marked and easy to reach? | yes |  |  |  |
| 6.3 | Safe operating procedures available? | yes |  |  |  |
| 6.4 | Lockout procedures available? | yes |  |  |  |
| 6.5 | Defective tools are tagged and removed  from service? | **yes** |  |  |  |
| 6.6 | Adequate workspace around machine? | yes |  |  |  |
| 6.7 | Fumes and exhaust controlled? | yes |  |  |  |
| 7.0 | **Material Handling and Storage** |  |  |  |  |
| 7.1 | Materials are neatly and safely stored? | yes |  |  |  |
| 7.2 | Storage shelves are loaded only to capacity and heavy, awkward items are lower? | yes |  |  |  |
| 7.3 | Racks and platforms loaded only within the limits of their capacity? | **yes** |  |  |  |
| 7.4 | Forklift operators are trained (ask worker)? | yes |  |  |  |
| 7.5 | Has manual handling training been provided to all employees required to undertake tasks involving manual handling? | yes |  |  |  |
| 8.0 | **Piping and Pressure vessels** |  |  |  |  |
| 8.1 | All pipes color coded or labelled? |  |  | n/a |  |
| 8.2 | No leaks or drips? |  |  | n/a |  |
| 8.3 | No dents or obvious corrosion? |  |  | n/a |  |
| 8.4 | Properly supported? |  |  | n/a |  |
| 8.5 | Adequate insulation or protection? |  |  | n/a |  |
| 8.6 | Warning signs? |  |  | n/a |  |
| **9.0** | **General Awareness** |  |  |  |  |
| 9.1 | Are safe working procedures adhered too? | yes |  |  |  |
| 9.2 | Are persons aware of the hazards & precautions associated with the area/ tasks they are performing? (Ask workers) | yes |  |  |  |
| 9.3 | Are persons aware of Emergency response procedures? Muster point locations? How to use a fire extinguisher? | yes |  |  |  |
| 9.4 | Are persons aware of FMNs Life Saving Rules? (Ask workers) | yes |  |  |  |
| 9.5 | Are persons aware of various means to report safety violations, near misses, unsafe conditions? | yes |  |  |  |
| 9.6 | Are employees aware of all the safety programs being run in the BU? | yes |  |  |  |
|  |  |  |  |  |  |
| **CRITICAL SAFE BEHAVIOURS (Behavioral Safety Observations)** | | | | | |
| **10.0** | **PPE** | **Safe** | **At Risk** | **N/A** | **Comment (At Risk Barriers)** |
| 10.1 | Head Protection - (hard hat worn appropriately where the hazard exists) |  |  | n/a |  |
| 10.2 | Eye & Face Protection (proper eye and face protection for the task - glasses, face shield, goggles) | yes |  |  |  |
| 10.3 | Hearing Protection (proper hearing protection where the hazard exists - ear plugs, Earmuffs) |  |  | n/a |  |
| 10.4 | Hand Protection (proper gloves) |  |  | n/a |  |
| 10.5 | Body Protection (proper protective clothing) | yes |  |  |  |
| 10.6 | Hi-visibility safety vest |  |  | n/a |  |
| 10.7 | Foot Protection (proper foot protection - steel-toed shoes or boots) | yes |  |  |  |
|  | **BODY USAGE AND POSITION** | **Safe** | **At Risk** | **N/A** | **Comment (At Risk Barriers)** |
| 10.8 | The worker is positioning his body to avoid injury by any moving hazards (caught between, falling objects) | yes |  |  |  |
| 10.9 | Lifting (proper lifting techniques - using legs, back straight, weight close to the body, feet flat on the ground, knees bent) | yes |  |  |  |
| 10.10 | Pinch Point (aware of and avoid pinch points - pinch points blocked, maintaining body parts out of pinch points) | yes |  |  |  |
| 10.11 | Awkward Position (proper body mechanics - over-extended, using leg not back when pulling) | yes |  |  |  |
|  | **TOOLS AND EQUIPMENT** | **Safe** | **At Risk** | **N/A** | **Comment (At Risk Barriers)** |
|  | Tool Use/Selection (using the right tool for the job and using it properly |  |  | n/a |  |
|  | Condition - tools, even if correct for the job, must be in good condition (air hoses, hose connections, pipe wrench, etc.) |  |  | n/a |  |
|  | Position Parked (the vehicle is left in the position which creates the least possibility of an incident and safety of the public) | yes |  |  |  |
|  | **EYES ON PATH/ HANDS** | **Safe** | **At Risk** | **N/A** |  |
|  | Eyes on Path (watching where you're going and go where you're watching - looking for/being aware of hazards). | yes |  |  |  |
|  | Eyes on Hands (aware of hand placement - watching where hands are placed during work or near hazard, not being distracted) | yes |  |  |  |
|  | Ascending/Descending (proper climbing techniques on trucks and trailers - facing the ladder, not skipping rungs or steps, hold onto handles) | yes |  |  |  |
|  | Travel Path (non-hazardous route of travel, a path of the least potential incident - walking/driving around spills, barricades, rough terrain) | yes |  |  |  |
|  | Travel Speed (rate of speed to minimize potential incidents based on environment, surroundings or changing conditions) | yes |  |  |  |
|  | **ADDITIONAL OBSERVATIONS** | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |

**SCHEDULE FOR INSPECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **DEPARTMENT** | **CONTACT** | **DATE** | **TIME** | **REMARK** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
|  |  |  |  |  | **DONE** |
| **­** |  |  |  |  | **PENDING** |