

Date:

Inspector(s):

Job Title:

Chairperson: Tom Dickenson



THOMPSON RIVERS UNIVERSITY

ANIMAL HEALTH TECHNOLOGY CHECKLIST

This list is not exhaustive and over time new hazards may come to be. The space at the bottom is for you to add your own identified hazards. Please notify the OH&S department so the checklist can be updated with these additions. Answering 'no' to any of the following questions indicates a need for corrective action to be taken.

This inspection checklist is to be done in conjunction with the fire safety checklist.

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
1.	<u>BUILDING WIDE HOUSEKEEPING</u>					
1.1	Is lighting in all rooms adequate?					
1.2	Is other outside lighting adequate for safety and security?					
1.3	Are light fittings in good repair and clean?					
1.4	Do all windows and doors function as they should?					
1.5	Is flooring free of rips & tears?					
1.6	Are individuals satisfied with thermal comfort?					
1.7	Is ventilation appropriate / adequate for the type of work being undertaken?					
1.8	Is furniture in good repair?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
1.9	Are stairways and railings in good repair?					
1.10	Is access/egress to the building safe and free from obstruction					
1.11	Are exit signs clearly posted and illuminated?					
2.	<u>OFFICES</u>					
2.1	Do individuals complain about ergonomic issues?					
2.2	Is there sufficient individual storage space?					
2.3	Are lighting and ventilation sufficient?					
2.4	Is furniture in good repair?					
3.	<u>WASHROOMS</u>					
3.1	Are facilities clean, private, well ventilated and in good repair?					
3.2	Is there at least one basin with hot and cold running water for every 15 employees?					
3.3	Are soap and hand drying facilities provided?					
3.4	Are floors clean and free of water?					
3.5	Are electrical items placed away from sinks and other water pooling areas?					
3.6	Is sanitary disposal in place and serviced regularly?					
4.	<u>KITCHEN/ AMENITY AREAS</u>					
4.1	Is the kitchen/amenities area kept clean?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
4.2	Is drinking water available?					
4.3	Are the floors clean and in good repair?					
4.4	Are the furniture and fittings clean and in good repair?					
4.5	Are kitchen appliances and white goods regularly maintained?					
4.6	Do kitchen appliances and white goods display electrical compliance tagging?					
4.7	Are there suitable receptacles for waste and are they emptied regularly?					
5.	<u>CHEMICAL STORAGE</u>					
5.1	Are chemicals stored properly?					
5.2	Are chemicals labeled?					
5.3	Is storage space adequate?					
5.4	Is the shelving unit in good condition?					
5.5	Are other items stored properly?					
5.6	Is a step stool available for retrieving items stored up high?					
5.9	Are MSDS's available for all chemicals used in the building?					
5.10	Are spill kits provided?					
6.	<u>LABS</u>					
6.1	Are SOP's available and regularly updated?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
6.2	Are staff and students properly trained in the procedures they are expected to perform, as well as safety issues?					
6.3	Is there adequate supervision during lab times?					
6.4	Is the lab cleaned properly?					
6.5	Is equipment and procedures available to properly disinfect lab materials?					
6.6	Is appropriate PPE available and recommended?					
6.7	Are appropriate lab protocols enforced?					
6.8	Is lab equipment in good condition?					
6.9	Is lab equipment stored appropriately with labeled storage units, and chemicals labeled and stored separately?					
6.10	Are there proper disposal containers available for both sharps and biohazardous material?					
6.11	Are proper disposal procedures for sharps and biohazardous materials used and communicated?					
7.	<u>RADIOLOGY ROOM</u>					
7.1	Are safety warning signs clearly posted?					
7.2	Are SOP's available and updated regularly?					
7.3	Is appropriate PPE, ie: lead vests provided?					
7.4	Staff and students are properly trained in procedures and safety?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
7.5	Is equipment in good working order?					
7.6	Is the room kept clean and tidy?					
7.7	Are chemicals labeled and stored separately?					
8.	<u>ISOLATION ROOM</u>					
8.1	Is the room kept clean and tidy?					
8.2	Is the animal cage in good condition?					
8.3	Are chemicals labeled and stored appropriately?					
8.4	Staff and students are properly trained in how to care for sick animals?					
8.5	Are SOP's available and regularly updated?					
9.	<u>SURGERY ROOM</u>					
9.1	Are SOP's available and updated regularly?					
9.2	Is equipment in good repair?					
9.3	Are equipment and the room properly sanitized/disinfected?					
9.4	Staff and students are properly trained?					
9.5	Is the room kept clean and tidy?					
9.6	Protocols are communicated and enforced?					
9.7	Is appropriate PPE used and available?					
9.8	Are chemicals labeled and stored properly?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
10.	<u>DOG KENNELS</u>					
10.1	Are there two easily accessible exits?					
10.2	Is the kennel area, including individual kennels clean?					
10.3	Are cages in good repair?					
10.4	Do all cage doors latch properly?					
10.5	Do the outdoor night time lights work?					
10.6	Is the outdoor play area fully fenced?					
10.7	Are staff and students properly trained in how to deal with dogs?					
10.8	Are SOP's available and updated regularly?					
10.9	Are chemicals labeled and stored properly?					
11.	<u>CAT KENNELS</u>					
11.1	Is the kennel area, including individual kennels clean?					
11.2	Are cages in good repair?					
11.3	Do all cage doors latch properly?					
11.4	Is the play room clean, and the toys in good repair?					
11.5	Are staff and students properly trained in how to deal with cats?					
11.6	Are SOP's available and updated regularly?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
11.7	Are chemicals labeled and stored appropriately?					
	<u>First Aid</u>					
	Are First Aid Attendants names posted?					
	Is AED Functioning properly?			Pads Date:		
12.	<u>GENERAL</u>					
12.1	Are employees aware of hazards specific to their workplace?					
12.2	Do employees report accidents, near misses and hazards?					
12.3	Do regular maintenance inspections of the building take place?					
12.4	Is a system in place for the reporting of building defects?					
12.5	Are building evacuation routes prominently displayed?					
12.6	Are arrangements in place for the safety of employees/visitors with limited mobility?					
12.7	Are surfaces of pathways around the building well maintained?					
12.8	Is there a properly maintained first aid kit available for minor injuries?					
13.0	<u>TRAINING</u>					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED
13.1	Is OH&S included in induction training for all employees?					
13.2	Does initial training include a thorough review of hazards and accidents associated with the job?					
13.3	Is training provided for the use of emergency equipment?					
13.4	Is there satisfactory task training to ensure work is carried out safely?					
13.5	Are health and safety committee members adequately trained?					
13.6	Are training records maintained for all OH&S training?					
14.0	<u>EMPLOYEE PARTICIPATION</u>					
14.1	Do employees have a representative on the health and safety committee?					
14.2	Do employees and students have access to the minutes of health and safety committee meetings?					
14.3	Are workers & students consulted on the safety aspects of the department?					

		YES	NO	COMMENTS	ACTION TYPE	DATE ACTION COMPLETED

Signature: _____