

Date: _____

Inspector(s): _____

Job Title: _____

Chair: _____



THOMPSON RIVERS UNIVERSITY

ADVENTURE TOURISM 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.

		YES	NO	COMMENTS	PERSON RESPONSIBLE FOR ACTION	DATE ACTION COMPLETED
1.	Hazards					
1.	Are materials properly and safely stored?					
2.	Are all tools proper stored?					
3.	Are all chemicals properly stored and clearly labeled					
4.	Are all fuel and propane tanks labeled and safely stored?					
5.	Is there MSDS information for all chemicals?					
6..	Are all camp stoves in good repair? Do they contain instructions safe usage?					
7.	Is workbench kept clean and does it provide adequate work space?					
8.	Cutting, webbing, waxing, gluing. Are Safe operating procedures available?					

		YES	NO	COMMENTS	PERSON RESPONSIBLE FOR ACTION	DATE ACTION COMPLETED
9.	Is PPE available? Is there proper ventilation?					
10.	Is MSDS sheets for all glues, waxes etc.?					
11.						
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1.						
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4.						
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7.						

Signature:_____