

**Burwash Dining Hall/Ned's Café - Workplace Inspection Checklist**

Date:		Inspected By:	
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JHSC Inspection

Management Inspection

<b>KITCHEN SAFETY CHECKLIST</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Has the staff received Safe Food Handling and WHMIS training?			
2.	Are all floors kept clear of water, grease and food additives?			
3.	Are walk-in refrigerators and freezers free of water or ice forming to create a slip hazard?			
4.	Are all doors equipped with an internal door opener in the walk-in refrigerator or freezer?			
5.	Is there an opening light inside the refrigerator or freezer?			
6.	Are all knives stored in a safe manner in drawers or knife blocks?			
7.	Are all fire extinguishers inspected monthly?			
8.	Are all deep fryers thermostatically controlled?			
9.	Is there emergency lighting provided at all fire exit doors?			
10.	Are ON/OFF switches on electrical mixers, slicers and shredders shielded or recessed to prevent an accidental start?			
11.	Are concentrated cleaning products and pesticides labeled and stored away from food?			
12.	Are MSDS's available for all products containing controlled chemicals?			
13.	Do all large mixers have guards over the bowls? Guards may be opened but must have an electrical interlock to shut down the machine when opened. Are they functioning properly?			
14.	Are there written safety procedures for cleaning the food processing equipment? Does the procedure include directions for unplugging (lockout) the equipment from the electrical system before removing any guards?			
15.	Do all food processing equipment such as meat slicers, choppers, grinders, shredders, etc. have guards that are not removed when the machine is operating? Are they functioning properly?			
16.	Are aisles and doorways free of objects to permit unobstructed visibility and/or exit?			
17.	Are stairways clear and unblocked?			
18.	Are emergency exits marked and free from obstructions?			
19.	Are first aid boxes (stations) available and a list of qualified first aiders attached with their locations?			
20.	Are all lighting fixtures in working order and no burned out bulbs?			
21.	Are heavy items stored on lower and middle shelves including the refrigerators and freezers?			
22.	Is there a step-stool or ladder available to reach the top shelves?			
23.	Have all slicers had the adjusting knob turned to "0" when not being used?			
24.	Is there a Fire Safety evacuation map posted?			
25.	Are employees using carts to transfer food or utensils to other buildings?			
26.	Are employees using the buildings elevator for the delivery of food?			
27.	Are GFI's used in the kitchen electrical plugs and tested periodically?			
28.	Are range hoods are clean, inspected and in good condition?			
29.	Is the loading dock clean and in good condition?			
30.	Does any equipment have sharp edges or projections?			
31.	Are paper recycling or wastebaskets placed where they cannot create a tripping hazard?			
32.	Are washrooms acceptable or clean?			
33.	Is the lunchroom clean and orderly?			
34.	Is the defibrillator flashing a green light indicating the battery unit is charged?			
35.	First aid kit must have the following item posted: <ul style="list-style-type: none"> <li>• First Aid Certified Employee Lists</li> </ul>			
36.	Does the Safety Board (located in the basement) have the following minimum items posted? <ul style="list-style-type: none"> <li>• Occupational Health and Safety Act including the Industrial Regulations</li> <li>• Health and Safety Policy</li> <li>• Violence and Harassment Policy</li> <li>• JHSC minutes and monthly inspections</li> <li>• JHSC member names</li> </ul>			

	<ul style="list-style-type: none"> <li>• Health and Safety at work "Prevention Starts Here"</li> <li>• Form 82 – In case of injury poster – POSTED ON BULLETIN BOARD</li> <li>• First aid Regulation (1101) – POSTED ON BULLETIN BOARD</li> </ul>			
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Please provide a description below for any items where "No" has been indicated.

Item Number	Risk Level (H)igh (M)edium(L)ow	Repeat Item Yes, No	Identified Hazard & Recommended Action	Assigned Individual	Action Taken	Completion Date

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_