

Supervisor Checklist/Audit Form

Supervisor's Name: _____ Location _____

Prepared By: _____ Date _____

This form is to be used for supervisors as an audit tool for self assessment of their area(s) of responsibility in preparing for the workwell audit. Please note this will be the same form used by EOHSS when assessing your area during the internal audit phase.

	Workwell Audit Criteria	Y/N	Comments
1	Health and Safety Policy		
	Knowledge Health and Safety policy exists		
	Aware of location of health and safety policy		
2	Accountabilities & Responsibilities		
	Knowledge of supervisor/manager responsibilities Performing workplace inspections Inspections available Employee training completed-specific training Discuss health and safety with workers method i.e. meetings, email Correcting substandard acts, evidence of Commending good safety practices Incident follow up –copies available Health and Safety supervisor responsibilities are measured in performance review.		
	Knowledge of worker responsibilities Work in compliance with the Act Attended all required training and specific training Report all hazards immediately to supervisor Wear all PPE provided by employer		
	Worker Accountabilities Workers understand consequences of health and safety rule violations		
	Contractor responsibilities Supervisors/Managers aware of contractor RMM #111 program		
	Contractor Accountabilities Must meet or exceed McMaster's health and safety standards. This is communicated to all contractors along with consequences for incompliance.		
	Visitor's log (if applicable) Required in areas generally off limits to the public by legislation or by internal RMM's Appendix A of RMM 102		
3	Health and Safety Board		

	Workwell Audit Criteria	Y/N	Comments
	Health and Safety board posted in accessible area		
	Knowledge of location of health and safety board Where can first aid be obtained? Act and Regulations located here for reference Names of JHSC that serves this area, location of JHSC members names and where minutes are located? Emergency Numbers are located here? Awareness of In case of Injury process?		
4	Job Hazard analysis review completed		
	What are requirements if anyone under your responsibility is injured?		
	What are steps in reporting a hazardous condition?		
	What is emergency plan and have all workers been trained on this?		
	Knows location of emergency equipment such as showers, eyewash, closest emergency exit, pull stations and fire extinguishers? Trained all staff as well?		
	Aware of work refusal procedure and when a worker has the right to refuse work?		
	Need for Lock out procedure? Aware of definition		
	Confined space procedure (if applicable)		
	Need for Hot work permit? Aware of requirements.		
	Compliance with electrical safety authority for all equipment purchases and modifications		
	Knowledge of requirements for implementation of pre-start inspections		
	Employee use of personal protective equipment. Knows what is required and it is implemented. Ie. Footwear, eyewear, gloves, respiratory		
	Training for non-routine work completed as necessary		
5	Knowledge of Joint Health and Safety Committee, representative serving the department Aware of structure, process for recommendations		
6	Training		
	Completed safety orientation training		
	Required health and safety training courses completed. Knowledge of training matrix		
	Specific training completed		
	All training documented		
7	First Aid		
	First Aid Kit available where?		
	Designated first aider known. Knowledge of list of trained personnel.		
	Knowledge of how to transport to medical care?		
	Knowledge of first aid room location?		
8	Inspections		
	Joint Health and safety Committee inspections conducted and documented		

	Workwell Audit Criteria	Y/N	Comments
	Supervisor/Manager inspections conducted and documented		
	Schedule for inspections available		
	Communicated with workers during inspections		
	Corrective action and follow up documented		
	Pre-use inspections documented where required		
9	Preventative Maintenance program in place along with equipment inventory		
10	Injury/Incident		
	Knowledge of incident/injury investigation procedure		
	Accident investigation training for supervisors		
	Use of follow up incident/injury form (appendix 2 RMM 1000)		
11	Health and Safety Goals		
	Health and safety plan/goals for University are known		
	Communication and target dates for goals known		
	Program for communicating health and safety information within department demonstrated		
	Awareness of wellness programs		
12	Early and safe return to work		
	Documented Early and Safe return to work program		
	Awareness of program and contact personnel		

Name/Title	Signature	Date