

LIST OF PROTOCOLS REQUIRING MONTHLY INSPECTIONS

General Warehouse Inspections - Use this checklist monthly

MONTHLY	PROTOCOL	PROTOCOL DESCRIPTION	ACTION
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	A3	FREE ACCESS OF 10 METERS ON 2 SIDES OF THE STORAGE FACILITY	IMMEDIATE CORRECTION REQUIRED IF NOT IN COMPLIANCE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	A4	EXTERIOR LIGHTING ON ALL 4 SIDES OF THE STORAGE FACILITY	ENSURE ALL LIGHTS ARE OPERATING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	A6	ALL MAN DOORS TO THE STORAGE FACILITY HAVE PESTICIDE WARNING SIGNS	REPLACE IF SIGNS ARE TORN OR UNCLEAR
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	A7	EXTERNAL EMERGENCY TELEPHONE NUMBERS SIGN	REPLACE IF OUTDATED
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	A8	POSTING OF VARIOUS SIGNS	ENSURE ALL REQUIRED SIGNS ARE POSTED AND CLEARLY VISIBLE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B5	LUNCHROOM, WASHROOM, CLEANUP FACILITY, OFFICE & MAINTENANCE VENTILATION SYSTEMS	CONFIRM THAT THE SYSTEMS ARE WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B8	WHEEL CHOCKS OR DOCK LOCKS	ENSURE EQUIPMENT REQUIRED IS AVAILABLE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B9	LIGHTING PROVIDED FOR THE INTERIOR OF VANS WHILE LOADING / UNLOADING WHEN FORKLIFTS OR OTHER MOTORIZED EQUIPMENT IS USED	CONFIRM LIGHTS ARE WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B10	DOCK LEVELLERS OR PLATES ARE WORKING PROPERLY	CONFIRM THEY ARE WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B12a	ALL EXIT AREAS ARE UNOBSTRUCTED	DAILY ENSURE EXIT DOOR AREAS ARE CLEAR
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B13/B14	WAREHOUSE FLOORS HAVE BEEN TREATED AND ALL CRACKS FILLED WITH A SMOOTH FINISH	VERIFY THAT THE FLOOR IS STILL IMPERVIOUS TO CHEMICAL SPILLS. ALL CRACKS MUST BE FILLED IMMEDIATELY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B17 / B18	RETENTION CURBING	ENSURE THAT THE CURBING IS PROPERLY CAULKED BETWEEN FLOOR AND CURBING. REPAIR IMMEDIATELY IF REPAIRS ARE REQUIRED
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B19 / B20	WAREHOUSE VENTILATION	CONFIRM THE SYSTEM IS WORKING PROPERLY

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<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B22	ALL LIGHTING FIXTURES ARE OPERATING PROPERLY	REPLACE OR REPLACE IMMEDIATELY IF NOT WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	B23	ALL EMERGENCY EXIT SIGNS ARE OPERATING PROPERLY	REPAIR OR REPLACE IMMEDIATELY IF NOT OPERATING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C1	PRODUCTS ARE PROPERLY STORED SO MATERIAL HANDLING EQUIPMENT HAS ROOM TO MANEUVER	IMMEDIATELY RESTACK ANY PRODUCTS WHICH DO NOT COMPLY WITH THE PROTOCOL
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C2 TO C6 C15(d)/C19	PRODUCTS MUST BE STORED ACCORDING TO THE N.F.C. AND TDG	IMMEDIATELY RESTACK AND STORE ACCORDING TO THE N.F.C. AND TDG REQUIREMENTS
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C7a	A FLOOR PLAN WAS POSTED	CORRECT IF STORAGE DOES NOT MEET THE PLAN
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C8	NO SMOKING, NO DRINKING AND NO EATING SIGNS ARE POSTED	REPLACE IF SIGNS ARE NOT LEGIBLE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C9	INSPECT ALL MATERIALS AND CONFIRM EQUIPMENT REQUIRED FOR THE SITE CONTAINMENT PLAN IS AVAILABLE	REPLACE ANY MATERIALS IMMEDIATELY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C10	INSPECT THE INVENTORY LIST OF EMERGENCY SUPPLIES AND MATERIAL	COMPARE LIST TO ACTUAL INVENTORY – IMMEDIATELY REPLACE ANY MISSING OR DIRTY ITEMS
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C11	ALL PRODUCTS HAVE EITHER A TDG, WHMIS OR PCP LABEL IDENTIFYING ANY POTENTIAL RISK THAT MIGHT BE ASSOCIATED TO THE PRODUCT	IMMEDIATELY REPLACE ANY MISSING OR TORN LABELS
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C13	INCOMPATIBLE PRODUCTS STORED IN THE WAREHOUSE	REMOVE INCOMPATIBLE PRODUCTS IMMEDIATELY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C14	ACCESS AISLES FOR FIRE FIGHTING, EMERGENCY EQUIPMENT AND EMERGENCY EXITS ARE NOT LESS THAN 1 METRE IN WIDTH AND ARE UNOBSTRUCTED.	CORRECT IMMEDIATELY IF FOUND TO BE OUT OF COMPLIANCE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C15	PRODUCTS ARE STORED 1 METRE FROM A HEATING UNIT, 1 METRE FROM THE CEILING OR ARE AT LEAST 450mm FROM A CEILING MOUNTED SPRINKLER SYSTEM	CORRECT IMMEDIATELY IF FOUND TO BE OUT OF COMPLIANCE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C16	THE WAREHOUSE HAS ONE MAIN AISLE OF AT LEAST 2.4 METERS.	CORRECT IMMEDIATELY IF FOUND TO BE OUT OF COMPLIANCE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C17	ALL PRODUCTS ARE STORED ON PALLETS, NEATLY PILED WITH NO LEANING PILES	CORRECT IMMEDIATELY IF FOUND TO BE OUT OF COMPLIANCE

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<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C18	THERE ARE NO FLAMMABLE OR COMBUSTIBLE FUEL PRODUCTS STORED IN THE WAREHOUSE	REMOVE IMMEDIATELY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C20	THE BATTERY CHARGING STATION FOR MATERIAL HANDLING EQUIPMENT WAS SEPERATED FROM THE STORAGE AREA BY AT LEAST 1.5 METRES, CLEAN AND TIDY, WELL VENTILATED AND A FIRE EXTINGUISHER IS MOUNTED AND WITHIN EASY REACH.	CORRECT IMMEDIATELY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C22	FLOORS, RAMPS, STAIRWAYS, SHIPPING AREA MUST BE KEPT CLEAN AND TIDY.	THIS ITEM SHOULD BE MAINTAINED ON A DAILY BASIS
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C23	THE MACHINERY AND EQUIPMENT ARE CLEAN AND TIDY.	THIS ITEM SHOULD BE MAINTAINED ON A DAILY BASIS
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C24	THERE ARE NO LEAKING PACKAGES OR CONTAINERS.	THESE ITEMS SHOULD BE KEPT IN OVERPACKS AND STORED IN A SEPARATE AREA OF THE WAREHOUSE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C24	EMPTY PESTICIDE CONTAINERS	ALL EMPTY PESTICIDE CONTAINERS MUST BE KEPT IN POLYETHYLENE BAGS OR, STORED UNDER COVER
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	C25 /26	ALL FULL OR PARTIALLY FULL MULTI-TRIP AND PRE-PACKAGED CONTAINERS MUST BE STORED IN THE CERTIFIED WAREHOUSE	THESE PRODUCTS MUST BE REMOVED FROM OUT OF THE MERCANTILE AREA AND STORED IN THE CERTIFIED WAREHOUSE
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	E7	THE FACILITY HAS A WRITTEN INSPECTION PROGRAM FOR ITS ELECTRICAL INSTALLATION WHICH INCLUDES LIGHTS, GLOBES, WIRING, SWITCHES, MOTORS, CIRCUIT BREAKERS, FANS, AND MAIN PANEL.	IMMEDIATE REPLACEMENT OR REPAIRS OF ANY ITEMS NOT WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	E8	THE FACILITY HAS A WRITTEN INSPECTION PROGRAM AND MONTHLY INSPECTION LOGS FOR ITS HEATING SYSTEM, DOCK LEVERS, AND FORKLIFT TRUCKS	IMMEDIATE REPLACEMENT OR REPAIRS OF ANY ITEMS NOT WORKING PROPERLY
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	E10	THE FACILITY HAS A WRITTEN INSPECTION PROGRAM AND MONTHLY INSPECTION LOGS FOR ITS 1 st AID KIT, EYE WASH, CLEAN UP EQUIPMENT, PPE	IMMEDIATE REPLACEMENT OR REPAIRS OF ANY ITEMS MISSING/DAMAGED
<input type="checkbox"/> JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG. <input type="checkbox"/> SEPT. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC.	E17a	ALL EXTINGUISHERS WERE INSPECTED MONTH	COMPLETE AND DOCUMENT MONTHLY INSPECTIONS

LIST OF PROTOCOLS REQUIRING THE REVIEWING OF OPERATING PROCEDURES

THESE PROCEDURES SHOULD BE REVIEWED ANNUALLY AND REVISED WHEN CHANGES OCCUR

	PROTOCOL	DESCRIPTION	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
<input type="checkbox"/>	VARIOUS See notes below	REVIEW AND UPDATE WAREHOUSE OPERATING PROCEDURES	★	★										

	PROTOCOL	PROTOCOL DESCRIPTION
<input type="checkbox"/>	E6	A WRITTEN OPERATING PROCEDURE FOR THE SAFE WORK PERMIT SYSTEM IS AVAILABLE FOR USE AT THIS FACILITY AND INCLUDES: a) CONFINED SPACE ENTRY, b) HOT WORK (CUTTING AND WELDING) c) LOCK OUT d) ELEVATED WORK
<input type="checkbox"/>	E10	THE FACILITY HAS ESTABLISHED WRITTEN PROCEDURES FOR THE CARE AND USE OF THE FOLLOWING EMERGENCY EQUIPMENT: a) FIRST AID KIT b) EYEWASH STATION OR EYEWASH / SHOWER c) FIRE EXTINGUISHERS d) RESPIRATOR AND CHEMICAL CARTRIDGE e) PERSONAL PROTECTION EQUIPMENT
<input type="checkbox"/>	E11	THE FACILITY HAS A WRITTEN PROCEDURE FOR THE PROPER HANDLING, STORAGE AND DISPOSAL OF CONTAMINATED PRODUCTS AND HAZARDOUS WASTE MATERIALS THAT MEETS ALL LEGAL REQUIREMENTS.
<input type="checkbox"/>	E12	THE STORAGE FACILITY HAS DEVELOPED AND IMPLEMENTED WRITTEN OPERATING PROCEDURES FOR: a) RECEIVING PRODUCTS b) SHIPPING PRODUCTS c) SPILL CLEAN-UP REPORTING d) RECEIVING DAMAGED GOODS e) STORAGE OF DAMAGED GOODS f) CONTAINMENT INSPECTION AND MAINTENANCE g) HANDLING AND STORING TDG AND NATIONAL FIRE CODE REGULATED PRODUCTS h) FORKLIFT OPERATION
<input type="checkbox"/>	E18	THE SITE HAS A STANDARD OPERATING PROCEDURE REQUIRING ALL ACCIDENTS / INCIDENTS BE INVESTIGATED AND RECORDED.

EMERGENCY RESPONSE PLAN PROTOCOLS REQUIRING ANNUAL ACTIONS

✓	PROTOCOL	DESCRIPTION	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
<input type="checkbox"/>	VARIOUS See notes below	REVIEW AND UPDATE WAREHOUSE EMERGENCY RESPONSE PLAN	★	★										

✓	PROTOCOL	PROTOCOL DESCRIPTION
<input type="checkbox"/>	G1	THE FACILITY HAS A WRITTEN EMERGENCY RESPONSE PLAN.
<input type="checkbox"/>	G2	A REPRESENTATIVE OF THE LOCAL FIRE DEPARTMENT HAS a) VISITED THE SITE WITHIN THE PAST 12 MONTHS; b) ACKNOWLEDGED IN WRITING THE VISIT TOOK PLACE; c) ACKNOWLEDGED IN WRITING THAT THEY HAVE A COPE OF THE EMERGENCY RESPONSE PLAN
<input type="checkbox"/>	G3	MANAGEMENT HAS CONDUCTED A RISK ASSESSMENT OF THE WAREHOUSE AND SITE, IDENTIFYING THE MAJOR RISKS OF THEIR OPERATION, INCLUDING, BUT NOT LIMITED TO FIRE, SPILLS, AND MAJOR INJURY.
<input type="checkbox"/>	G5	THE EMERGENCY RESPONSE PLAN HAS BEEN VIEWED AND UPDATED (IF REQUIRED) AND DATED, WITHIN THE PAST 12 MONTHS TO ENSURE IT CONTAINS UPDATED INFORMATION.
<input type="checkbox"/>	G6	THE EMPLOYER HAS ESTABLISHED, AND PROMINENTLY DISPLAYED A LIST OF RELEVANT PHONE NUMBERS AND CONTACT PERSONS OF PRODUCT, SUPPLIERS, LOCAL EMERGENCY SERVICES AND AGENCIES, MANAGEMENT, EMPLOYEES, OWNER AND THE POISON CONTROL CENTRE.
<input type="checkbox"/>	G7	USING THE SITE ER PLAN, THE MANAGEMENT OF THIS FACILITY HAS CONDUCTED AT LEAST ONE SIMULATED EXERCISE OF THE EMERGENCY RESPONSE PLAN ANNUALLY.

LIST OF PROTOCOLS REGARDING THE TRAINING REQUIREMENTS

	PROTOCOL	DESCRIPTION	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
<input type="checkbox"/>	SECTION D See notes below	TRAINING UPDATE ON ALL TRAINING PROGRAMS		★	★	★								

PROTOCOL	PROTOCOL DESCRIPTION
D1	GENERAL OPERATING RULES HAVE BEEN COMMUNICATED WITH ALL EMPLOYEES OF THE FACILITY. THIS TRAINING MUST BE DONE WITH NEW EMPLOYEES AND WHEN RULES CHANGE.
D2	TRAINING HAS BEEN PROVIDED TO ALL EMPLOYEES ON THE SAFE OPERATING PROCEDURES OF THEIR JOBS. TRAINING RECORDS MUST BE MAINTAINED WITH EMPLOYEE SIGN OFF. TRAINING IS DONE AT THE START OF A NEW JOB.
D3	ALL EMPLOYEES HANDLING CROP PROTECTION PRODUCTS HAVE HAD TRAINING ON THE TDG ACT AND REGULATIONS WITHIN THE PAST 3 YEARS. TRAINING RECORDS AND CERTIFICATES OF TRAINING MUST BE AVAILABLE TO THE AUDITOR FOR CONFIRMATION.
D4	ALL FORKLIFT DRIVERS HAVE RECEIVED TRAINING EVERY THREE YEARS. TRAINING CERTIFICATES MUST BE AVAILABLE TO THE AUDITOR FOR CONFIRMATION.
D5	WHMIS TRAINING MUST BE PROVIDED TO EMPLOYEES HANDLING PESTICIDES. TRAINING MUST BE PROVIDED UPON EMPLOYMENT/CHANGE IN JOB SCOPE; AND REVIEWED ANNUALLY. TRAINING RECORDS INCLUDING EMPLOYEE SIGN OFF SHEETS MUST BE MADE AVAILABLE TO THE AUDITOR FOR CONFIRMATION.
D6	OCCUPATIONAL HEALTH AND SAFETY TRAINING MUST BE PROVIDED: a) SAFE WORK PERMITS b) INFORMATION ON THE RIGHTS OF EMPLOYEES TO REFUSE UNSAFE WORK c) RESPONSIBILITIES OF MANAGEMENT AND EMPLOYEES UNDER THE APPROPRIATE LABOUR LEGISLATION d) THE USE OF AN EYEWASH STATION e) HANDS ON FIRE EXTINGUISHER TRAINING f) USE AND MAINTENANCE OF THE PERSONAL PROTECTIVE EQUIPMENT
D7	FIRST AID AND CPR TRAINING MUST BE COMPLETED IN ACCORDANCE WITH PROVINCIAL LEGISLATION. COPIES OF AT LEAST ONE CURRENT CERTIFICATE MUST BE MADE AVAILABLE TO THE AUDITOR FOR CONFIRMATION.
D8	EMERGENCY RESPONSE TRAINING HAS BEEN PROVIDED TO EMPLOYEES ON THE EMERGENCY RESPONSE TEAM. TRAINING RECORDS INCLUDING EMPLOYEE SIGN OFF SHEETS MUST BE MADE AVAILABLE TO THE AUDITOR FOR CONFIRMATION.