**Sun Safety Inspection Checklist**

This template can be used to undertake sun safety-specific inspections at a workplace. The elements listed align with the *Sun Safety Program – Baseline Assessment* and our *Model Sun Safety Program*. This inspection checklist can be used in a number of ways. For example, as an input tool for your annual review, by the Health and Safety Committee as an annual/monthly workplace inspection focus, or individual elements of the checklist can be included in existing inspection checklists. Use/adapt this in whatever way is the most useful and appropriate to your workplace.

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| --- | --- |
| Workplace Name: | Location/Address: |
| Date of Inspection: | Number of employees: |
| Type of work activities: | |

| **Sun Safety Element** | **In-Place** | **Comments** |
| --- | --- | --- |
| **Policy:** |  |  |
| Is the sun safety/solar UV/heat stress policy up-to-date? When was the last review? | Y / N |  |
| **Responsibility, Accountability & Authority:** |  |  |
| Are the documented responsibilities, accountabilities and authorities re: sun safety up-to-date? When was the last review? | Y / N |  |
| Are the documented responsibilities, accountabilities and authorities re: heat stress for outdoor workers up-to-date? When was the last review? | Y / N |  |
| Are the documented responsibilities, accountabilities and authorities re: solar UV safety up-to-date? When was the last review? | Y / N |  |
| **Role of Health and Safety Committee:** |  |  |
| Has the Health and Safety Committee reviewed the sun safety/solar UV/heat stress program recently? If so, when? | Y / N |  |
| Has the Health and Safety Committee reviewed the sun safety/solar UV/heat stress policy recently? If so, when? | Y / N |  |
| Has the Health and Safety Committee been involved in/reviewed recently any sun exposure incidents/ investigations? | Y / N |  |
| **Legal and Other Requirements:** |  |  |
| Has there been any recent amendments to legislation or other requirements relating to sun safety/solar UV/heat stress for outdoor workers?  If so, have the implications been evaluated and addressed? | Y / N  Y / N |  |
| **Sun Safety Risk Assessment:** |  |  |
| Have there been any recent ‘Operational Reviews’ undertaken for solar UV or heat stress? |  |  |
| Have there been any recent changes in jobs/work tasks or work practices for which new ‘Operational Reviews’ for solar UV or heat stress need to be undertaken? | Y / N |  |
| Have the ‘daily assessments’/monitoring for solar UV been undertaken during the summer?  If so, what were the outcomes of these assessments? | Y / N |  |
| Have the ‘daily assessments’/monitoring for heat stress been undertaken for outdoor workers during the summer when appropriate ‘trigger’ values have been reached?  If so, what were the outcomes of these assessments? | Y / N |  |
| **Engineering Controls:** |  |  |
| Are there shade structures on work vehicles? | Y / N |  |
| Are the shade structures in a good condition? | Y / N |  |
| Are portable shade structures provided for work tasks? | Y / N |  |
| Are portable shade structures provided for breaks? | Y / N |  |
| Are there permanent shade structure for breaks? | Y / N |  |
| Are the shade structures in good condition? | Y / N |  |
| Are there indoor areas provided for breaks? | Y / N |  |
| Are the break areas air conditioned? | Y / N |  |
| Are employees using the indoor/shaded areas for breaks? | Y / N |  |
| Are the windows of vehicles tinted or UV rated? | Y / N |  |
| Is the window tinting of vehicle windows in good condition? | Y / N |  |
| Is work being undertaken around highly reflective surfaces? | Y / N |  |
| Are the reflective surfaces able to be modified to reduce the level of sun reflection? | Y / N |  |
| **Controls that Increase Awareness:** |  |  |
| Are there solar UV safety information posters on display at key locations for maximum visibility? | Y / N |  |
| Are there heat stress information posters on display at key locations for maximum visibility? | Y / N |  |
| When appropriate, is the Heat Stress Alert poster being displayed at key locations for maximum visibility? | Y / N |  |
| When appropriate, is the Heat Stress Warning poster being displayed at key locations for maximum visibility? | Y / N |  |
| Is the UV Index poster being displayed daily at key locations for maximum visibility? | Y / N |  |
| Is the heat stress/humidex advisory posted daily at key locations for maximum visibility? | Y / N |  |
| **Administrative controls:** |  |  |
| Are the safe work practices for solar UV safety (e.g. related to UV Index, scheduling of work to non-peak times, lunch breaks in shade) up-to-date? When was the last review? | Y / N |  |
| Are workers complying with safe work practices for solar UV safety (e.g. related to UV Index, scheduling of work to non-peak times, lunch breaks in shade)? | Y / N |  |
| Are the safe work practices for heat stress (e.g. acclimatization, work/rest cycles, self-pacing) up-to-date? When was the last review? | Y / N |  |
| Are workers complying with safe work practices for heat stress (e.g. acclimatization, work/rest cycles, self-pacing)? | Y / N |  |
| Are the relevant safe job procedures for solar UV safety up-to-date? When was the last review? | Y / N |  |
| Are workers complying with relevant safe job procedures for solar UV safety? | Y / N |  |
| Are the relevant safe job procedures for heat stress up-to-date? When was the last review? | Y / N |  |
| Are workers complying with relevant safe job procedures for heat stress? | Y / N |  |
| Are the sun safe ‘rules’ for employees and contractors up-to-date? When was the last review? | Y / N |  |
| Are employees and contractors complying with the sun safe ‘rules’? | Y / N |  |
| Are supervisors role modelling sun safe practices? | Y / N |  |
| Are supervisors undertaking the daily assessment procedure for solar UV safety? | Y / N |  |
| Are supervisors undertaking the daily assessment procedure for heat stress safety for outdoor workers? | Y / N |  |
| **Administrative controls (training & education):** |  |  |
| Is solar UV safety being included in safety talks? | Y / N |  |
| Is heat stress being included in safety talks for outdoor workers? | Y / N |  |
| If there was a recent safety meeting, was solar UV safety one of the topics discussed? | Y / N |  |
| If there was a recent safety meeting, was heat stress one of the topics discussed? | Y / N |  |
| Have new workers received solar UV safety training as part of their orientation? | Y / N |  |
| Have new workers received heat stress training as part of their orientation? | Y / N |  |
| Have supervisors attended solar UV safety training recently? | Y / N |  |
| Have supervisors attended heat stress training recently? | Y / N |  |
| Have supervisors been trained in the daily assessment procedure for solar UV safety? | Y / N |  |
| Have supervisors been trained in daily assessment procedure for heat stress safety for outdoor workers? | Y / N |  |
| **Personal Protection:** |  |  |
| Is sunscreen being provided and accessible at job site/s? | Y / N |  |
| Are employees wearing sunscreen and reapplying it regularly? | Y / N |  |
| Is water being provided and accessible at job site/s | Y / N |  |
| Are employees accessing water supplies and drinking sufficient quantities of water to prevent heat stress? | Y / N |  |
| Is UV protective eyewear (including sunglasses, tinted safety glasses, or over-glasses) being worn by all workers? | Y / N |  |
| Are workers wearing hats/hard hats? If so, what type:  *Note: Maximum protection is provided by wide-brimmed hats or hard hats with brim attachments. Work tasks may determine what type of headwear is appropriate.* | Y / N |  |
| * Ball caps | Y / N |  |
| * Legionnaire’s-style caps | Y / N |  |
| * Wide brimmed hats | Y / N |  |
| * Hard hats | Y / N |  |
| * Hard hats with brim attachment | Y / N |  |
| Are workers wearing neck flaps (attached to hats/hard hats)? | Y / N |  |
| Is the clothing being worn UV rated/UV designed? | Y / N |  |
| Are workers wearing long sleeved shirts? *Note: Maximum protection is provided by long sleeved shirts.* | Y / N |  |
| Are workers wearing short sleeved shirts? | Y / N |  |
| Are workers wearing long pants? *Note: Maximum protection is provided by long pants.* | Y / N |  |
| Are workers wearing shorts? | Y / N |  |
| Do workers have to wear additional protective equipment which may increase heat stress? If so: | Y / N |  |
| * Is this being worn/used correctly? | Y / N |  |
| * Are workers managing their work rate to ensure that they manage any heat stress impacts? | Y / N |  |
| Is cooling-wear (e.g. vests, neck shades, towels) being used by workers? If so, is it being used correctly? | Y / N  Y / N |  |
| **Control verification and validation:** |  |  |
| Is there a process for checking that risk controls have been implemented (i.e. verification process)? | Y / N |  |
| Is there a process for checking that controls are effective in reducing risk, including worker involvement in PPE selection and feedback on feasibility of controls (i.e. a validation process)? | Y / N |  |
| **First aid and Incident Notification:** |  |  |
| Are staff aware of the signs and symptoms of over-exposure to solar UV (e.g. sunburn, photokeratitis\*)? | Y / N |  |
| Are staff aware of the signs and symptoms of heat-induced conditions? | Y / N |  |
| Are staff aware of the first-aid for over-exposure to solar UV (e.g. sunburn, photokeratitis\*)? | Y / N |  |
| Are staff aware of the first-aid for heat-induced conditions? | Y / N |  |
| Are staff aware of the process for internal notification/ reporting of an incident involving solar UV exposure or heat stress? | Y / N |  |
| Has there been a recent incident involving sun exposure and was this reported appropriately within the organization? | Y / N |  |
| **Incident Reporting & Investigation:** |  |  |
| Has there been a recent incident involving sun exposure? | Y / N |  |
| Was the recent incident reported to the relevant OHS regulator and/or compensation authority? | Y / N |  |
| Is there a process for investigating incidents, including incidents associated with sun exposure? | Y / N |  |
| Were any recent incidents investigated? | Y / N |  |
| **Preventive Maintenance:** |  |  |
| Has equipment or tools used to control sun exposure been appropriately maintained in accordance with the *preventive maintenance program*? | Y / N |  |
| **Procurement:** |  |  |
| Has equipment or tools used to control sun exposure (e.g. PPE, shade structures, water/ fluids), been procured in an efficient and timely way in accordance with the *procurement program*? | Y / N |  |
| Have there been any difficulties in distributing equipment or tools for controlling sun exposure to workers? | Y / N |  |
| **Documentation, Records & Statistics:** |  |  |
| Have the documents related to sun safety been appropriately completed and stored in accordance with the document control process? | Y / N |  |
| **Auditing and Evaluation:** |  |  |
| Has the regular (e.g. yearly) audit of the OHSMS been undertaken?  If so, was sun safety included in the audit process? | Y / N  Y / N |  |
| Have the preventive and corrective actions identified by the audit been implemented? | Y / N |  |
| **Management Review and Continual Improvement:** |  |  |
| Has senior management recently reviewed the OSHMS or sun safety program? | Y / N |  |
| Have there been any opportunities for improvement of the OHSMS or sun safety program? | Y / N |  |
| Have there been any changes in policy or procedures which have triggered management of change procedures?  If so, what are they and have they been integrated into current practice? | Y / N  Y / N |  |
| **Off-the-Job Sun Safety:** |  |  |
| Have there been opportunities to educate workers on off-the-job sun safety or for sun safety messaging or promotion at corporate events? | Y / N |  |

***\**** *Photokeratitis is an acute condition of the outer part of the eye as a result of exposure to ultraviolet radiation. It can be considered to be a ‘sunburn’ of the cornea and conjunctiva. It is also referred to as ‘snow blindness’ and ‘welders arc’ or ‘arc eye’.*

**Other comments**

**Recommendations**

Based on the outcomes of the inspection, are any corrective actions recommended?

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| --- | --- | --- |
| **Recommended Corrective Action** | **Who is responsible for Implementation?** | **Completion Date or Expected Completion Date** |
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**Persons conducting the inspection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Signature** | **Date** |
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Visit sunsafetyatwork.ca for more information. This resource was prepared by Keith McMillan and Dr. Thomas Tenkate. Production of this resource has been made possible through financial support from Health Canada through the Canadian Partnership Against Cancer.