

OSBIE HUMAN ELEMENT LOSS PREVENTION AUDIT BOARD AUDIT

Board Name:

Location Address:

Conference with:

Auditor Name:

Date:

AUDIT CONDITION	ACCEPTABLE			
	YES	NO	N/A	
1) EMERGENCY RESPONSE PLAN:				
a) Documentation supporting plan				/1
Notes:				
2) HOT WORK PERMIT SYSTEM:				
a) Documentation supporting proper use of permit system				/1
Notes:				
3) MONTHLY FIRE SAFETY INSPECTIONS/NO SMOKING POLICY:				
a) Documentation supporting recorded monthly inspections				
b) Documentation supporting FM Global plan review				
c) Documentation supporting No Smoking policy				/3
Notes:				

AUDIT CONDITION	ACCEPTABLE		
	YES	NO	N/A

4) TEMPORARY SHUT DOWN AND COLD WEATHER ALERTS:				
a) Documentation supporting Temporary Shutdown Program				
b) Documentation supporting Cold Weather Alert Program				/2
<u>Notes:</u>				

5) ELECTRICAL PREVENTIVE MAINTENANCE:				
a) Documentation supporting program				
OR				
b) If CSS Program not in use, equivalent program in place				/1
<u>Notes:</u>				

6) AUTOMATIC FIRE SPRINKLERS:				
a) Documentation supporting sprinkler inspection/maintenance				/1
<u>Notes:</u>				

7) PLAYGROUND STANDARDS:				
a) Documentation supporting compliance with CSA Z614 Standard				
b) Board policy requiring new equipment to meet standard				/2
<u>Notes:</u>				

AUDIT CONDITION	ACCEPTABLE		
	YES	NO	N/A

8) SNOW/ICE:			
a) Documentation supporting salting/sanding and snow removal			
b) Roof ice/snow removal program			/2
Notes			

9) DESIGN TECHNOLOGY PROGRAMS:			
a) Documentation supporting inspection/safety program			/1
Notes:			

10) CONTROLLED ACCESS SYSTEM:			
a) Documentation of controlled access program			/1
Notes:			

Auditors Notes: