

Island Coastal Aviation

Monthly Workplace Inspection Program

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| Document Owner: | Operations Manager / Safety Representative |
| Applies to: | ICA staff, instructors, dispatch, admin, and work areas under ICA control |
| Review Frequency: | Monthly inspections; annual program review |
| Effective Date: | 2026-06-15 |

1. Purpose

ICA will inspect all or part of the workplace each month. The workplace is divided into inspection areas so that every part of the workplace under ICA control is inspected at least once each year. The purpose is to identify hazards, record corrective actions, and confirm that previously identified hazards have been corrected.

2. How ICA Will Complete the Monthly Inspection

- Complete one short workplace inspection each month using the schedule in Section 3.
- Check the assigned area for that month and also check obvious high-risk items such as exits, fire extinguishers, first aid supplies, trip hazards, housekeeping, lighting, unsafe storage, and urgent safety concerns.
- Record the inspection using the Monthly Workplace Inspection Record in Section 4&5.
- Record any corrective action and follow up until completed.
- If an area is outside ICA control, report the concern to the airport authority, landlord, or responsible party and keep a record of the report.

3. Yearly Rotating Inspection Schedule

Use this schedule as the default annual plan. The month may be changed if operations require it, provided all areas are inspected at least once per year.

| Month | Area to Inspect | Main Items to Check |
|-----------|---|---|
| January | Office / admin desk / reception | Ergonomics, cords, lighting, slips/trips, housekeeping |
| February | Dispatch area | Radios/phones, emergency contacts, workstation setup, clutter |
| March | Classroom / briefing area | Seating, exits, cords, projector/equipment, housekeeping |
| April | Hallways / exits / common areas under ICA control | Exit access, signs, extinguisher access, walkways |
| May | Storage areas / supplies | Stacking, heavy items, chemicals, blocked access |
| June | Ramp / apron area used by ICA | FOD, cones, tie-downs, propeller safety, surface hazards |
| July | Aircraft parking / tie-down area | Chocks, ropes, visibility, walkways, student access |
| August | Hangar / maintenance support area, if under ICA control | Tools, ladders, oil, batteries, PPE, housekeeping |
| September | Ergonomics review | Chair, desk, monitor, keyboard, mouse, repetitive work |
| October | Working alone / after-hours work areas | Check-in method, phone access, emergency access |
| November | Winter hazard preparation | Snow/ice, lighting, mats, de-icing storage, slip hazards |
| December | Annual summary review | Confirm all areas inspected and actions closed |

4. Monthly Workplace Inspection Record

Complete this page once per month. Keep the completed record with ICA safety records.

| Inspection Month: | _____ | Date: | _____ |
|---|--|--|----------------------|
| Area Inspected: | _____ | Inspected By: | _____ |
| Weather/condition, if outside: | _____ | Follow-up from last inspection: | Yes / No |
| Other persons consulted, if any: | _____ | Overall result: | OK / Action Required |
| Inspection Item | OK / Not OK / N/A | Notes / Corrective Action | |
| Floors, walkways, ramps, and exits clear | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Fire extinguisher visible, accessible, and not blocked and serviceable | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| First aid kit available and not obviously missing key supplies | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Electrical cords, plugs, chargers, and power bars appear safe | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Lighting adequate for the work being done | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Housekeeping acceptable; no unnecessary clutter or blocked access | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Ergonomics concerns observed or reported | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Storage safe; heavy items not stored unsafely; chemicals labelled if applicable | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Ramp/FOD/aircraft-area hazards checked, if applicable | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |
| Working-alone or after-hours communication available, if applicable | <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A | | |

5. Monthly Hazard and Ergonomics Checklist

| Area | Check | OK / Issue | Action needed |
|------------------------|--|--|---------------|
| General | Floors, exits, lighting, housekeeping, trip hazards | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Emergency | Fire extinguishers serviceable; exits clear; first aid access known. Emergency light functioning | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Office/Dispatch | Desk/chair/monitor setup acceptable; no cable hazards | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Ergonomics | Staff have not reported discomfort, strain, repetitive-task issue, or lifting concern | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Ramp/Apron | PPE available; movement areas clear; weather/ice/slip hazards controlled | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Hangar/Tools | Tools/equipment stored; chemicals labelled; ladders/steps in safe condition | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Aircraft access | Steps, tie-downs, cords, chocks, and walkways do not create unnecessary hazard | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Working alone | Check-in procedure used when required | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |
| Training | New staff received safety orientation; reminders given as needed | <input type="checkbox"/> OK <input type="checkbox"/> Issue | |

6. Corrective Action Log

Use this only when an item is marked Not OK or when a hazard is identified. Close the item when the corrective action is completed.

| Hazard / Finding | Risk Level | Action Required | Assigned To | Target / Completed Date |
|------------------|------------|-----------------|-------------|-------------------------|
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7. Annual Inspection Coverage Tracker

At year-end, use this table to confirm that each part of the workplace was inspected at least once and that corrective actions were followed up.

| Area | Month Inspected | Completed? | Actions Closed? |
|----------------------------|-----------------|--|---|
| Office/admin | January | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Dispatch | February | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Classroom/briefing | March | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Common areas/exits | April | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Storage | May | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Ramp/apron | June | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Aircraft parking/tie-down | July | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Hangar/maintenance support | August | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Ergonomics | September | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Working alone/after-hours | October | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Winter hazards | November | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Annual review | December | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

8. Annual Review Sign-Off

Complete at the end of the year or whenever workplace layout, staffing, equipment, or operations change significantly.

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|---|---|
| Year reviewed: | _____ |
| All workplace areas inspected at least once? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outstanding corrective actions remaining? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Changes needed to next year schedule? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Reviewed by / Date: | _____ |