

# Halifax Board of Health Safety & Sanitation Inspection Checklist for Large Outdoor Events

Area/Location \_\_\_\_\_

Event Date \_\_\_\_\_

Responsible Party \_\_\_\_\_

## I. General Oversight

- ☐ Signage, water supply, food, toilets, designated smoking areas
- ☐ Housekeeping
- ☐ Enter & Exit Signs clear & visible
- ☐ Restrooms and hand-washing facilities availability
- ☐ Food or smoking in designated areas only
- ☐ Aisles and exits clear
- ☐ Parking lot and walkways smooth and wide enough
- ☐ IPM plan in writing
- ☐ PIC (Person In Charge) for environment, including removing standing water
- ☐ PIC: Name and contact information \_\_\_\_\_

Notes: \_\_\_\_\_

Correction needed?

- ☐ Yes
- ☐ No

## II. Sanitation Plan

- ☐ Map of toilet and hand washing locations
  - ☐ Sufficient number of portable toilets
  - ☐ Appropriate locations for portable toilets
  - ☐ Sufficient number of hand washing stations
  - ☐ Appropriate locations for hand washing station
  - ☐ Rubbish barrels/dumpsters: Who will be emptying them?
- \_\_\_\_\_
- ☐ PIC (Person In Charge) for Sanitation Plan & Contact information = \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correction needed? ☐ Yes

☐ No

**III.**

**Food Safety**

☐ Permit from Board of Health

☐ Building clean

☐ Hand washing signage

☐ Potable water source?

☐ Hand washing station close enough? If not, they set up their own. (coffee urn over a bucket, soap and paper towels)

☐ PIC, (Person in Charge) for Food Safety & Contact information

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**Note: for more details, see the inspection report**

Notes: \_\_\_\_\_

Correction needed? ☐ Yes

☐ No

**IV.**

**Emergency Response**

☐ First aid/emergency station(s) identified

☐ First aid kits available

☐ Telephones or radios available and in working order

☐ Emergency Response Plan in a binder.

☐ Contact information up to date

☐ PIC (Person In Charge) for Emergency Response & contact information=\_\_\_\_\_

Notes: \_\_\_\_\_

Correction needed? ☐ Yes

☐ No

**Fire/electrical safety**

☐ Storage and use of flammable/combustible materials (such as fuel for generators)

**V.** ☐ Condition of electrical system

☐ All fuses/circuit breakers labeled

☐ GFCI where required

☐ Smoke detectors

☐ Fire extinguishers

☐ Alarms

☐ Proper clearances

☐ PIC (Person In Charge) Fire, Electrical Safety: Name & Contact information

☐ \*\*Check with Fire Department for this section prior to event

Notes: \_\_\_\_\_

Correction needed? ☐ Yes

☐ No

**VI. Hazardous materials**

- ☐ Access denied to customers/visitors
- ☐ MSDS available
- ☐ Warning signs in place
- ☐ Containers labeled
- ☐ Proper storage
- ☐ Proper use
- ☐ Proper disposal
- ☐ High pressure gas cylinders supported & in safe location & at least ten feet of flexible hose getting the tank away from heat source
- ☐ Proper ventilation
- ☐ PIC (Person In Charge) Hazardous Materials: Name & Contact Information

☐ \*\*\*Check with Fire Department\_

Notes: \_\_\_\_\_

Correction needed? ☐ Yes ☐ No

**VI. Hazardous equipment**

- ☐ Access denied to customers
- ☐ Properly blocked/guarded/shielded
- ☐ Warning signs / decals in place
- ☐ Proper maintenance and use
- ☐ Manuals available
- ☐ PIC (Person In Charge) Hazardous Equipment: Name & Contact Information

Notes: \_\_\_\_\_

Correction needed? ☐ Yes ☐ No

**VII. Training** \_\_\_\_ satisfactory \_\_\_\_ unsatisfactory

- ☐ Records of training available
- ☐ Knowledge of safe work practices
- ☐ Selection and use of protective equipment
- ☐ Emergency procedures
- ☐ First Aid
- ☐ CPR
- ☐ Continued....
- ☐ Other
- ☐ PIC (Person In Charge) Training: Name & Contact Information

Notes: \_\_\_\_\_

Correction needed? ☐ Yes

☐ No

**VI. Other comments** (anything not covered above or additional safety or sanitation suggestions/corrections)

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**VII. Report corrective actions to Safety Officer?**

Yes ☐

No ☐

**Inspected by**

**Title**

**Date**

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**\*\*\*\*Add sub-section inspections as needed, such as sign-offs by Fire Department or Safety Officer.**

**Fire Department, if applicable:**\_\_\_\_\_

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**Safety Officer, if applicable:**\_\_\_\_\_

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**Plan received by B.O.H. Title**

**Date**

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