



## Inspection Checklist

Inspection Checklist				
<b>Name of Location:</b>	<b>Current Number of Employees:</b> Full Time:      Part Time:      Family Only:			
<b>Name of Inspector(s):</b>				
<b>Date:</b>				
Ranch Safety				
Inspection Items	Yes, No or Not Applicable <small>(Circle one)</small>	Corrective Action Planned	Who is Responsible	Action Date
Animal Handling				
Escape Routes Clear	<b>Yes</b> <b>No</b>			
Fences and Corals	<b>Yes</b> <b>No</b> <b>Replace</b>			
Holding and Calving Pens Clear/ Clean	<b>Yes</b> <b>No</b>			
Dangerous Calvers Known/ Identified	<b>Yes</b> <b>No</b>			
Puller Available/ Working	<b>Yes</b> <b>No</b>			
Emergency Numbers Posted	<b>Yes</b> <b>No</b>			
Bull Pens Secure	<b>Yes</b> <b>No</b>			
Are staff and/or family aware of safe handling techniques, refer to section of the Ranching Safety Program & BC Ranching Guide	<b>Yes</b> <b>No</b>			

Please use the following *Checklist* as a guideline to building your own checklist.