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| **Inspection Check List for Housekeeping / General Field Condition** |

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| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

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| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Are all work place kept tidy and clean? |  |  |  |  |  |
| 2 | Is the food preparation and delivery clean and hygienic? |  |  |  |  |  |
| 3 | Is there adequate drinking water supply clean of bacterial hazards? |  |  |  |  |  |
| 4 | Are the drainage facilities adequate? |  |  |  |  |  |
| 5 | Is there any pooling of water in the workplace? |  |  |  |  |  |
| 6 | Are all emergency stations clean, unobstructed and in good working order? |  |  |  |  |  |
| 7 | Are adequate sign boards placed? |  |  |  |  |  |
| 8 | Are all flammable materials placed in their designated areas? |  |  |  |  |  |
| 9 | Are appropriate caution signals provided in storage area? |  |  |  |  |  |
| 10 | Are there adequate first aid boxes? |  |  |  |  |  |
| 11 | Is the location of first aid boxes indicated in the work place? |  |  |  |  |  |
| 12 | Are the medicines checked for the expiry date? |  |  |  |  |  |
| 13 | Are all hazardous substance cleared in accordance with MSDS? |  |  |  |  |  |
| 14 | Are adequate sign boards placed in hazardous storage area? |  |  |  |  |  |
| 15 | Is personal hygiene maintained at the workplace? |  |  |  |  |  |
| 16 | Is the lighting/illumination adequate throughout the work place? |  |  |  |  |  |
| 17 | Are all light tubes and bulbs in good working condition? |  |  |  |  |  |

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| 18 | Are there adequate lighting in the excavated / obstructed areas? |  |  |  |  |  |
| 19 | Are all material stacked and stored in safe manner? |  |  |  |  |  |
| 20 | Are there adequate PPE’s for use? |  |  |  |  |  |
| 21 | Are protective clothing, overalls cleaned and in serviceable condition? |  |  |  |  |  |
| 22 | Any sharp edges, nails that need to be cautioned / removed? |  |  |  |  |  |
| 23 | Are appropriate caution signs provided for sharp edges? |  |  |  |  |  |
| 24 | Are the spills if any cleaned immediately? |  |  |  |  |  |
| 25 | Are all material used to mob spills removed and stored in closed containers for disposal? |  |  |  |  |  |
| 26 | Are toilet facilities cleaned and maintained in good working condition? |  |  |  |  |  |
| 27 | Are the finished work, tools and equipment removed and placed in their defined storage area? |  |  |  |  |  |
| 28 | Any tool left in overhead work platform? |  |  |  |  |  |
| 29 | Are all walkways, stairways, emergency exits, signboards, caution signals clear of obstructions? |  |  |  |  |  |
| 30 | Are confidential waste shredded and disposed? |  |  |  |  |  |
| 31 | Are all the waste disposed in segregated containers? |  |  |  |  |  |
| 32 | Are secondary containment in place for all hazardous waste stored in? |  |  |  |  |  |
| 33 | Are all equipment used for working at heights checked and maintained? |  |  |  |  |  |

Checked By …………………………………………………………………..Date………………………………

Signature

HSE Officer Superintendent /Foreman