**MONTHLY OCCUPATIONAL HEALTH AND SAFETY (OHS)**

**SELF-INSPECTION REPORT**

(reference [Fleet Ops](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/fleet_ops.htm) > [9.0 Safety Management](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/safety_management.htm) > 9.3 Accident and Incident Management > [9.3.3 Accident Prevention](javascript:void(0);))

**SHIP:** ................................................................. **DATE:** .......................................

**INSPECTOR:** .................................................. **POSITION**: ................................................

**SIGNED:** ..........................................................

*The OHS inspector is the Head of Department as permanent Safety Representative; the inspection may be delegated to another crew member if appropriately trained. This Monthly OHS inspection may be combined with another due periodical self-inspection (Public Heath PH11 or MLC OP525)*

**DEPARTMENT:  Deck,  Engine,  Hotel**

**AREA INSPECTED:** **Accommodation, Provision Stores, Galley, Machinery Space, Work Area, Open Deck, Other ; Specify:** ……………………………………………………………………………………….

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **ITEM** | | | **Checked** | **NO.** | **ITEM** | | | | **Checked** |
| Working Environment: | | | | | Working Conditions: | | | | | |
| 01 | Well lit | | |  | 17 | Adequately guarded equipment / machinery with proper maintenance and marking | | | |  |
| 02 | Adequately ventilated | | |  | 18 | Tools in good condition, not defective, pre-inspected | | | |  |
| 03 | Clear of hazards (waste, combustible materials, spills/slippery materials, obstructions, substances hazardous to health, sharp edges (floors, ceilings, walls, hardware) unmarked/unprotected) | | |  | 19 | Safety signage/ Hazards warnings displayed | | | |  |
| 04 | No excessive exposure to negative factors (noise, vibration, radiation, vapours/fumes, extreme temperature) | | |  | 20 | Safety equipment properly marked, stowed and unobstructed | | | |  |
| 05 | No unnecessary tools and stores, good housekeeping | | |  | 21 | Adequate supervision for inexperienced crew | | | |  |
| 06 | PPE available, adequate, properly stored | | |  | 22 | Material Safety Data Sheets (MSDS) available and accessible | | | |  |
| 07 | Substances Hazardous to Health / Chemicals adequately stored per their hazards and compatibility | | |  |  |  | | | |  |
| Observations of tasks being performed: | | | | | Crew knowledge adequate on: | | | | | |
| 08 | No unsafe acts / conditions | | |  | 23 | Right to stop work if unsafe | | | |  |
| 09 | Existing working procedure adequate | | |  | 24 | STOP cards, unsafe acts/ conditions, near misses reporting | | | |  |
| 10 | Crew proposals available for any applicable procedure improvements and increase of safety and operational efficiency | | |  | 25 | Their OHS elected representative | | | |  |
| 11 | Toolbox talks in place | | |  | 26 | Applicable Risk assessments outcome communicated to them | | | |  |
| 12 | STOP cards (saf 97) used | | |  | 27 | Have not received OHS training (saf93) | | | |  |
| 13 | Risk Assessments controls in place | | |  | 28 | Handling of substances hazardous to health / Chemicals | | | |  |
| 14 | Permits to Work used | | |  | 29 | PPE use | | | |  |
| 15 | PPE used | | |  |  |  | | | |  |
| 16 | Substances hazardous to health / Chemicals – if decanted - containers adequately labelled | | |  |  |  | | | |  |
| ***No.*** | | ***Findings:*** | ***Action:*** | | | | ***Responsible person*** | ***Target Date*** | ***Date Completed*** | | |
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*(add more pages if needed)*

Staff Captain: ………………… Chief Engineer: ……………… Hotel Director/ Manager: ……………

Master: ……………………….. Safety Officer: ………………………….