WH&S Management Plan – Hazard Identification

What to Look for – Health & Safety Checklist

This checklist is a guide to help you identify common workplace hazards.  
You will need to add or delete issues relevant to your workplace.

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| Manual handling | N/A | YES | NO |
| Have you identified all tasks involving lifting, pushing, pulling and/or carrying and assessed the risk of injury at your workplace? | x |  |  |
| Have your risk assessments taken into account posture, movement, forces, duration, frequency and environmental factors? (Refer to Manual Handling Code of Practice for guidance) |  | x |  |
| Are objects handled easy to grasp, have no sharp edges and are not hot, cold, slippery or bulky? |  | x |  |
| Is lifting from ground level or above shoulder level avoided? | x |  |  |
| Is the work area, equipment and system of work designed to eliminate sideways twisting of the body, excessive bending or reaching? |  | x |  |
| Is the work area, equipment and system of work designed to minimise sustained or repetitive movements? |  | x |  |
| Are mechanical handling aids provided where possible to make the task safer? | x |  |  |
| Is there enough space to allow free movement while doing the task? |  | x |  |
| Is training provided about risk factors and the proper technique to do the task? |  | x |  |

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| Equipment, machinery and tools | N/A | YES | NO |
| Is the correct equipment always used for each job? |  | x |  |
| Are all tools and machinery properly guarded? |  | x |  |
| Are stop/start switches clearly marked and positioned within easy reach of the operator? |  | x |  |
| Are operators trained to use the tools, equipment and machinery safely? |  | x |  |
| Do operators hold current licenses to perform work that requires certification? | x |  |  |
| Has provision been made to safely store or dispose waste off-cuts? | x |  |  |
| Is there enough work space around machinery? |  | x |  |
| Are tools, equipment and machinery regularly maintained (in accordance with manufacturer’s instructions)? |  | x |  |
| Is there a process to ensure that tools and machinery are switched off before maintenance and cleaning is carried out and cannot be inadvertently started by other staff during maintenance and cleaning? | x |  |  |
| Are unsafe or faulty tools, equipment or machinery reported immediately? |  | X |  |
| Are unsafe or faulty tools, equipment or machinery removed from use until they are repaired or replaced? |  | X |  |
| Are repairs always carried out by authorised and competent persons? |  | X |  |
| Are health and safety risks considered before modification or alteration of any tools, equipment or machinery? |  | X |  |

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| Work environment | N/A | YES | NO |
| Is the workplace kept clean and tidy? (rubbish bins suitably located and regularly emptied, oily rags and combustible waste kept in covered metal containers) |  | X |  |
| Is there good storage for tools, equipment, stock, products? (storage designed to minimise manual handling problems, easy access, shelf racks and pallets in good condition) | X |  |  |

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| --- | --- | --- | --- |
| Work environment | N/A | YES | NO |
| Have you ensured that things cannot fall onto people? (goods cannot fall from height, shelving securely fixed and not overloaded, stacks cannot fall over, people cannot walk under a suspended load, cargo barriers in vehicles) | x |  |  |
| Is adequate ventilation provided to ensure a supply of clean air? |  | X |  |
| Is air filtered to remove air-borne contaminants where necessary? |  | X |  |
| Are people protected from noise? (noise levels below 85dB(A)) | x |  |  |
| Is there enough light to perform tasks without eye strain or glare? |  | X |  |
| Is the working temperature comfortable? |  | X |  |
| Do workers have access to clean and hygienic toilet and eating facilities? |  | X |  |

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| Moving around | N/A | YES | NO |
| Have you made sure people cannot slip or trip when they move around? (on oil, grease, water, leads, hoses, cables) |  | x |  |
| Have appropriate fall prevention methods been implemented for all tasks that are undertaken at height? (guard rails, scaffolds, harness systems) | x |  |  |
| Can traffic and people move safely around the work site? (walkways clearly marked, barriers to separate vehicles from walkways, unobstructed vision at intersections) |  | x |  |
| Is it easy to get in and out of the workplace safely? (exits clearly marked and unobstructed) |  | x |  |
| Are stairs, ladders and platforms safe? (fixed handrails, ladders secure when in use, anti-slip treads) | X |  |  |
| Are vehicle drivers trained and aware of hazards? | X |  |  |
| Do vehicle drivers have safe schedules and are all loads secure? | X |  |  |

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| Chemicals and other hazardous substances | N/A | YES | NO |
| Is there an up-to-date list of all chemicals used? (cleaning products, paints, solvents, degreasers, petrol, inks, toner, oil, adhesives, acids, acrylics, pesticides) | X |  |  |
| Have you obtained Safety Data Sheets (SDS) for all chemicals and made these available to workers for information? | X |  |  |
| Have you assessed the risk of exposure (via inhalation, skin contact, ingestion) during transport, storage and use of the chemicals? | X |  |  |
| Are containers clearly labelled? | X |  |  |
| Are chemicals and other hazardous substances stored safely? (in specific storage rooms or cabinets, separated from other reactive substances, away from ignition sources) | X |  |  |
| Are workers trained in the safe use, handling, storage and transport of chemicals they use? | X |  |  |
| Is there adequate ventilation and fume extraction? | X |  |  |
| Have you ensured that chemicals and hazardous substances cannot spill, leak or otherwise escape into the environment during storage, handling and transport? | X |  |  |
| Are gas cylinders stored upright, secure, away from heat and ignition sources, in a ventilated area? | X |  |  |
| Is monitoring and health surveillance undertaken if required? | X |  |  |
| Are chemicals and hazardous substances disposed of correctly? | X |  |  |
| Is appropriate personal protective equipment provided? (gloves, respirators) | X |  |  |

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| Electricity | N/A | YES | NO |
| Are electrical leads, plugs, sockets and switches in good condition? (not frayed or damaged) |  | X |  |
| Have you ensured there are no electrical leads lying across floors ? |  | X |  |
| Have you ensured there are no double adaptors used? |  | X |  |
| Have electrical leads and power boards been inspected and tagged as safe? |  | X |  |
| Is the location of power lines and cables checked before digging, drilling, using cranes, ladders, erecting scaffolding? (Overhead, underground, behind walls) | X |  |  |
| Are portable electrical equipment fitted with residual current devices? | X |  |  |

Slips, trips and falls

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| Date checklist completed:  Date checklist to be reviewed: (annually or when there is a change or addition to procedures or workplace set-up) |
| Name of person who completed checklist: |
| Position title: Company/workplace: |
| **Floors**  Are floors free of water, ice, oil or other fluids? Yes ⌧ No 🞏  Are floor surfaces even (eg no loose tiles or carpet that is torn or has ridges or holes)?  Yes ⌧ No 🞏  Are ramps designed to prevent slips and falls? Yes ⌧ No 🞏 |
| **Housekeeping**  Are walkways and doorways clear of boxes, extension cords and litter? Yes ⌧ No 🞏  Are spills cleaned up immediately? Yes ⌧ No 🞏  Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified?   Yes ⌧ No 🞏 |
| **Stairs**  Are stairways kept clear of boxes, extension cords and litter? Yes ⌧ No 🞏  Is the tread on stairs adequate to minimise slipping? Yes ⌧ No 🞏  Is the tread on each stair adequate? Yes ⌧ No 🞏  Are hand-rails adequate? Yes ⌧ No 🞏 |
| **Lighting**  Are work areas, walkways and stairs well lit? Yes ⌧ No 🞏  Does the lighting enable workers to move between indoor and outdoor tasks safely?   Yes ⌧ No 🞏 |
| **Footwear**  Is the footwear worn by workers suitable for the workplace? Yes ⌧ No 🞏 |

Electricity:

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| Date checklist completed:  Date checklist to be reviewed: (annually or when there is a change in the electrical equipment or an electrical incident) |
| Name of person who completed checklist: |
| Position title: Company/workplace: |
| Electrical switchboards and equipment  Are switchboards and electrical equipment in a safe condition?\* Yes 🞏 No 🞏  Is portable electrical equipment protected by safety switches? Yes 🞏 No 🞏  \* (This safety measure is mandatory for construction work.) |
| Power points, light fittings and switches  Are all power points, light fittings and switches in a safe place and free from obvious defects   Yes 🞏 No 🞏  Check if they are mounted securely, there are no loose covers or wires, broken or damaged fittings, or signs of overheating. Yes 🞏 No 🞏  Are isolating switches clearly labelled and accessible? Yes 🞏 No 🞏 |
| Power tools, flexible leads and power boards  Are all power tools, extension leads and power boards maintained in a safe operating condition (check for damaged insulation, water leaks, burn marks, bent or loose pins or fittings)? Yes 🞏 No 🞏  Are extension leads and power boards located in a safe position to prevent mechanical or other damage? Yes 🞏 No 🞏 |
| Inspecting and maintaining electrical equipment  Are all electrical fittings and electrical equipment, including portable power tools, regularly inspected and maintained? Yes 🞏 No 🞏 |

Manual Handling:

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| Date checklist completed:  Date checklist to be reviewed: (annually or when there is a change to the workplace) |
| Name of person who completed checklist: |
| Position title: Company/workplace: |
| Work tasks  Can all materials be lifted and carried easily? Yes 🞏 No 🞏  Are mechanical aids such as trolleys, trolley jacks or hoists used? Yes 🞏 No 🞏  Are workers trained in manual handling techniques and the use of mechanical aids?   Yes 🞏 No 🞏 |
| Work equipment  Are work benches at a comfortable height? Yes 🞏 No 🞏  Are chair backs and seat heights adjustable? Yes 🞏 No 🞏  Is office equipment (such as computer keyboards and screens)  adjusted to avoid strain? Yes 🞏 No 🞏  Are storage shelves organised to minimise bending and stretching? Yes 🞏 No 🞏 |
| Work organisation  Is rotation of tasks used to avoid repetitive work? Yes 🞏 No 🞏  Is work planned to reduce periods of high and low demand? Yes 🞏 No 🞏  Are there sufficient rest breaks? Yes 🞏 No 🞏 |
| Work area  Is workspace adequate to enable ease of movement? Yes 🞏 No 🞏  Are work items that are regularly used within easy reach? Yes 🞏 No 🞏  Is there sufficient area around machines or equipment to enable access for maintenance and repair?  Yes 🞏 No 🞏 |

Chemicals:

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| Date checklist completed:  Date checklist to be reviewed: (annually or when there is a change to the workplace) |
| Name of person who completed checklist: |
| Position title: Company/workplace: |
| List all the chemicals (by product name) that are used in your workplace: |

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| Product name: |
| What is the chemical used for? |
| Who uses it? |
| Is the chemical clearly labelled? Yes 🞏 No 🞏 |
| Is a Safety Data Sheet for hazardous substances needed for this product? Yes 🞏 No 🞏 |
| Does the workplace have the Safety Data Sheet for this chemical? Yes 🞏 No 🞏 |

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