



# UTS Office and General Work Area Safety Inspection Checklist

**Document No.**

v16052014

**Conducted on**

26 Oct 2016 10:35 PM

**Name of person completing the checklist**

David Lloyd-Jones

**Score**

11/20.0 - 55.00%

### **Disclaimer**

The assessors believe the information contained within this risk assessment report to be correct at the time of printing. The assessors do not accept responsibility for any consequences arising from the use of the information herein. The report is based on matters which were observed or came to the attention of the assessors during the day of the assessment and should not be relied upon as an exhaustive record of all possible risks or hazards that may exist or potential improvements that can be made.

Information on the latest workers compensation and OHS / WHS laws can be found at the relevant State WorkCover / WorkSafe Authority.

### **Confidentiality Statement**

In order to maintain the integrity and credibility of the risk assessment processes and to protect the parties involved, it is understood that the assessors will not divulge to unauthorized persons any information obtained during this risk assessment unless legally obligated to do so.

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## Work Environment - 2/2 100.00%

Question	Response	Details
<b>Office equipment</b>		
Check if this category is NOT applicable.	<input checked="" type="checkbox"/>	
<b>Slips and trips, electrical and lighting</b>		
Tick if this category is NOT applicable.	<input checked="" type="checkbox"/>	

## Health and Safety Management - 2/2 100.00%

Question	Response	Details
<b>Consultation and Communication</b>		
	<input checked="" type="checkbox"/>	
<b>Training and Induction</b>		
	<input checked="" type="checkbox"/>	

## Hazard Programs - 4/4 100.00%

Question	Response	Details
<b>Manual Handling</b>		
Check if this bit does not apply.	<input checked="" type="checkbox"/>	
<b>Computer and Workstation Setup</b>		
Check if this bit does not apply	<input checked="" type="checkbox"/>	
<b>Cash handling</b>		
Check if this bit does not apply	<input checked="" type="checkbox"/>	
<b>Working alone</b>		
Check if Working Alone does not apply	<input checked="" type="checkbox"/>	

## UTS Health and Safety Procedures - 3/3 100.00%

Question	Response	Details
<b>Emergencies</b>		
	<input checked="" type="checkbox"/>	
<b>Accident / Incident and Hazard Response</b>		
	<input checked="" type="checkbox"/>	
<b>First Aid</b>		
	<input checked="" type="checkbox"/>	

## Sign off

Question		Response	Details			
<b>Person completing this inspection</b>						
Name:						
Signature:						