**Workplace Inspection Checklist**

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| Inspection Location: |  | | |
| Inspection Completed By: |  | Date: |  |

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| --- | --- | --- | --- | --- |
| **Item** | | **Yes** | **No** | **N/A** |
| **1. Fire** | | | | |
|  | • Extinguishers are in place |  |  |  |
|  | • Are clearly marked |  |  |  |
|  | • Have been serviced within the last 6 months. |  |  |  |
|  | • Area around the extinguisher is clear for a 1 metre radius |  |  |  |
|  | • Fire exit signs are visible |  |  |  |
|  | • Fire exit signs are in working order |  |  |  |
|  | • Exit doors are not blocked |  |  |  |
|  | • Exit doors can easily be opened |  |  |  |
|  | • Fire alarm is in working order |  |  |  |
|  | • Emergency plan is displayed |  |  |  |
|  | • Emergency drill carried out within the last 6 months |  |  |  |
| **2. Electrical** | | | | |
|  | • No broken plugs, sockets or switches |  |  |  |
|  | • No frayed or damaged leads |  |  |  |
|  | • Portable power tools in good condition |  |  |  |
|  | • No temporary leads on the floor |  |  |  |
|  | • Testing and tagging of electrical items has been attended within the last 12 months. |  |  |  |
| **3. General Lighting** | | | | |
|  | • There is adequate illumination in working areas |  |  |  |
|  | • There is good natural lighting |  |  |  |
|  | • There is no direct or reflected glare |  |  |  |
|  | • Light fittings are in good working condition and are clean |  |  |  |
|  | • Emergency lighting is operational |  |  |  |
| **4. Walkways** | | | | |
|  | • No oil or grease |  |  |  |
|  | • Walkways are clear of obstruction |  |  |  |
|  | • Walkways are clearly marked |  |  |  |
|  | • There is unobstructed vision at intersections |  |  |  |
|  | • Stairs not blocked and are in good condition |  |  |  |
| **5. Rubbish** | | | | |
|  | • Bins are located at suitable points |  |  |  |
|  | • Bins are not overflowing |  |  |  |

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| **Item** | | **Yes** | **No** | **N/A** |
| **6. Work Benches** | | | | |
|  | • Clear of rubbish |  |  |  |
|  | • Tools are stored properly |  |  |  |
|  | • Adequate work height |  |  |  |
|  | • No sharp edges |  |  |  |
| **7. Storage** | | | | |
|  | • Materials stored in racks in a safe manner |  |  |  |
| • Pallets are in good condition (no broken wood) |  |  |  |
| • Floor around racking is clear of rubbish or obstacles |  |  |  |
| • Racking is in good condition, no damaged uprights, beams etc |  |  |  |
| **8. Chemicals** | | | | |
|  | • SDS Register is available and current |  |  |  |
| • Containers are clearly and accurately labelled |  |  |  |
| • All chemicals are stored in accordance with the SDS |  |  |  |
| • Spill Kit Bins are present and stocked |  |  |  |
| **9. First Aid** | | | | |
|  | • First aid kits and contents clean and orderly |  |  |  |
| • First aid kit is adequately stocked (as per the schedule in the kit) |  |  |  |
| • Easy access to first aid kits |  |  |  |
| • All employees are aware of location of first aid kits |  |  |  |
| • At least on employee on site has a current senior first aid certificate |  |  |  |
| **10. Floors** | | | | |
|  | • Even surface with no large cracks, holes or trip hazards |  |  |  |
| • Floors are not obstructed |  |  |  |
| • Floors are free from grease, oil etc |  |  |  |
| **11. Office** | | | | |
|  | • No exposed leads |  |  |  |
| • Air conditioning working adequately |  |  |  |
| • Filing cabinets are stable and in good repair |  |  |  |
| • Chairs at correct height (knees at right angle feet flat) |  |  |  |
| • Monitors correct distance (arm’s length away when seated) |  |  |  |
| • Monitors correct height (eyes in line with top of screen) |  |  |  |
| • Mouse located beside keyboard (allows relaxed arms and wrists) |  |  |  |
| • Keyboard located near edge of desk (allows relaxed arms) |  |  |  |
| **12. Machines** | | | | |
|  | • Power equipment maintenance carried out as per schedule |  |  |  |
| • Power equipment clean |  |  |  |
| • All guarding in place and interlocks working |  |  |  |

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| **Item** | | **Yes** | | **No** | | **N/A** |
| **13. Display Material** | | | | | | |
|  | • OHS Policy statement signed by the Managing Director and displayed on notice boards | |  | |  |  |
| • Return to Work Program signed by Managing Director and displayed on notice boards | |  | |  |  |
| • “No Smoking” signs are displayed | |  | |  |  |
| • “Staff only” or “Restricted Area” signs are displayed in relevant areas | |  | |  |  |
| • “Manual Handling” poster is displayed in warehouse area | |  | |  |  |
| • Safety notice board is available and current | |  | |  |  |
| **14.** **OHS Information** | | | | | | |
|  | • OHS Manual is available to employees | |  | |  |  |
| • Injury / Incident reporting forms are available | |  | |  |  |
| • Hazard reporting forms are available | |  | |  |  |
| • Site emergency plan is displayed | |  | |  |  |

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| **Additional comments or actions required:** |
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*For any items above that you have ticked ‘No’ complete in Hazard Report Form*