# Workplace Inspection Checklist Template

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| Building/Department |  | |
| Inspection conducted by |  | |
| Date of inspection |  | |
| Time | Start: | Finish: |

| **SAFETY CHECK:** | | **YES** | **NO** | **NA** |
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| **Corridors/**  **Stairs** | No blind corners |  |  |  |
| Handrails accessible |  |  |  |
| Anti-slip tread on stairs |  |  |  |
| Stairs in good condition |  |  |  |
| **Storage** | Item stored correctly |  |  |  |
| Storage designed to minimise lifting problems |  |  |  |
| Walking area clear |  |  |  |
| **Electrical** | Equipment checked and has current inspection tag |  |  |  |
| No damaged appliances, points, plugs, cords |  |  |  |
| No cords on floors or across walkways |  |  |  |
| **Equipment** | In good condition |  |  |  |
| Manual available |  |  |  |
| Relevant staff trained to operate |  |  |  |
| Suitable for purpose used |  |  |  |
| Maintenance checks/records up-to-date |  |  |  |
| **Ventilation** | Air vents, filters, extraction fans clean |  |  |  |
| Servicing records kept up to date |  |  |  |
| **Hazardous substances** | All containers clearly labelled |  |  |  |
| Stored appropriately |  |  |  |
| **Manual Handling** | Unnecessary manual handling eliminated |  |  |  |
| Staff trained in manual handling |  |  |  |
| Staff trained in use of mechanical aids |  |  |  |
| **Lighting** | Light fittings clean/working |  |  |  |
| Work areas well lit |  |  |  |
| Night lighting adequate |  |  |  |
| Security lights working |  |  |  |
| **Safety signs** | WHS policy displayed |  |  |  |
| First Aid, Protective and Fire Equipment, signs etc. posted |  |  |  |
| **Waste disposal** | Bin regularly emptied/cleaned |  |  |  |
| Food scraps in vermin-proof bins |  |  |  |
| **Infectious waste disposal** | Sharps containers available (close to area of use) |  |  |  |
| Infectious waste disposed of appropriately |  |  |  |
| **Fire/**  **Emergencies** | Extinguishers in place, serviced/not blocked |  |  |  |
| Exits clearly marked/clear |  |  |  |
| Exit/Emergency lighting works |  |  |  |
| Action cards/emergency numbers displayed |  |  |  |
| Smoke detectors tested |  |  |  |
| Fire blanket accessible |  |  |  |
| Employees know procedures (ask a sample of staff) |  |  |  |
| First aid kit available, well stocked and clean |  |  |  |
| Records kept of first aid provided |  |  |  |

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| Overall safety evaluation of the workplace |
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| **Supervisor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, participate in the workplace safety inspection.  I confirm that the information recorded on this *Workplace Inspection Checklist* is true and accurately reflects the results of the conducted workplace safety inspection. | |
| Supervisor’s signature |  |
| Supervisor’s name |  |
| Date signed |  |

End of Workplace Inspection Checklist Template