

Workplace Inspection Checklist

| Date | | | | | |
|--|------------|-----------------------------------|-----|----|--|
| Time | | | | | |
| Area | | | | | |
| Inspe | ctor/s | | | | |
| The Inspectors shall not limit themselves to only those items on the checklist rather the entire work area should be reviewed for all health and safety hazards. | | | | | |
| Tick box if situation controlled | | | | | |
| Cross box if situation requires attention. | | | | | |
| Complete Corrective Action Report for issues which cannot be corrected immediately. | | | | | |
| | Previous C | Corrective Action Report reviewed | YES | NO | |

| Categories | √x | Comments |
|--|----|----------|
| Floors | | |
| Floors even and in good condition | | |
| No slips, trips or fall hazards | | |
| Clear of oil/grease/other liquids | | |
| Clear of stock/materials | | |
| Doorways | | |
| Not obstructed | | |
| Correctly signed | | |
| Fire doors not propped open, blocked or locked | | |
| Stairways/Steps | | |
| Adequate Illumination | | |
| Free of trip, slip and fall hazards | | |
| Steps deep enough and anti-slip treads | | |
| Handrails in good condition | | |
| No broken/chipped edges | | |
| Landings clear of obstructions | | |
| Storage Areas | | |
| Floor free of objects | | |
| No evidence of damage to storage racks | | |



| Categories | √x | Comments |
|---|----|----------|
| Ease of accessing objects | | |
| No evidence of inappropriate lifting | | |
| Appropriate step ladders(s) available | | |
| Toilets/Washrooms | | |
| Hygienic and Tidy | | |
| Adequate ventilation | | |
| Suitable hand washing and drying facilities | | |
| Fire Equipment | | |
| Not obstructed | | |
| Correctly signed and positioned | | |
| Locking devices/seal unbroken | | |
| Inspection tags present and checked within 6 months | | |
| Exit Lights working | | |
| Emergency Lights working | | |
| Fire Alarms working | | |
| Power Outlets, Cords and Boards | | |
| No double adaptors | | |
| No piggy back plugs | | |
| Power cords covered if across walkways (trip hazard) | | |
| Electrical services appear in good condition | | |
| Earth Leakage Protection | | |
| Switchboards free of obstruction, storage or waste material | | |
| Ladder and Steps | | |
| Rubber safety feet fitted | | |
| No broken or missing rungs or other defects | | |
| Work Benches/Desks | | |
| Clear and uncluttered | | |
| Sufficient space | | |
| Work height comfortable | | |
| No sharp edges | | |
| Drawers closed | | |
| Broken pallets/loose boards | | |
| Machinery / Equipment | | |
| Securely placed (not able to fall) | | |
| No sharp edges | | |
| No exposed power/energy sources | | |
| Noise levels controlled | | |
| Staff trained in correct use | | |



| Categories | √x | Comments |
|---|----|----------|
| Pre-operating instructions available | | |
| Warnings and instructions displayed | | |
| Office chairs height and back adjustments - 5 star base | | |
| Even weight distribution filing cabinets | | |
| No damage to furniture/fittings | | |
| Work Practices | | |
| Correct use of P.P.E. | | |
| Smoking rules adhered to | | |
| Correct manual handling procedure | | |
| Clear aisle access | | |
| Evacuation procedure known | | |
| Evacuation Procedure Practiced | | |
| First Aid Attendant(s) known | | |
| First aid kit adequately stocked and clearly marked | | |
| Hazard and incident reporting procedure known | | |
| Chemicals | | |
| M.S.D.S. available at point of use | | |
| Correct labelling | | |
| Hazardous liquids adequately bunded | | |
| Gas bottles adequately secured | | |
| No leaking containers | | |
| Chemical spill equipment available | | |
| Grounds | | |
| No pot holes/open drains/ raised drain grates | | |
| Handrails and bollards installed where required | | |
| Level Paving | | |
| Vegetation kept under control | | |
| No pedestrian/vehicle blind spots | | |
| Compliance with parking rules | | |
| Regular removal of waste | | |
| Correct storage of waste – away from building | | |
| EPS Sandwich Panels | | |
| No evidence of damaged panel | | |
| All penetrations adequately repaired | | |
| Core material <u>not</u> exposed | | |



| Corrective Actions | | | |
|---|-----------------------|----------------|----------|
| Action | Person Responsible | Date Completed | Initials |
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| | | | |
| Have all faults been reported to the B | usiness Unit Manag | er? | Y / N |
| Have corrective actions been raised | for all deficiencies? | | Y / N |
| Have all deficiencies from previous ins | spection been recti | fied? | Y / N |
| Details: | | | |
| | | | |
| | | | |
| Inspector's Signature: | | D | ate://_ |
| | | _ | |
| Manager's Signature: | | D | ate://_ |