

This checklist has been developed to assist business with inspecting their workplace to identify and address common hazards and risks, this checklist is a generic guide and does not cover all possible hazards and risks.

INSPECTION DETAILS:

Date:	
Property location:	
Responsible person:	

INSTRUCTIONS AND CHECKLIST:

Where items / areas are assessed as no, document the corrective action that needs to be taken in the corrective actions section and track actions through to completion.

COVID-19 provisions	Assessment
Is hand sanitizer available to staff and visitors at main access points.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is information on COVID Safe requirements and general hygiene been installed in prominent locations. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the requirements to maintain 1.5 meters of physical distancing between people in place.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are cleaning provisions in place that ensure that common areas, surfaces and touch points are cleaned at regular / appropriate intervals.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Information and security	Assessment
Has a sign-in process for visitors and contractors been implemented.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are staff and contractors required to complete a site induction prior to commencing works onsite.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are visitors restricted from accessing operational area and escorted by staff if accessing these areas.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are appropriate security measures in place including access control, CCTV, alarms and back to base security monitoring.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Emergency preparedness	Assessment
Are fire extinguishers in place and maintained on a 6 monthly basis.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire hydrants in place, maintained on a 6 monthly bases and flow test completed annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire sprinklers in place, maintained on a 6 monthly bases and flow test completed annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are block plans installed for hydrant systems, sprinkler systems and alarms.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a fire indicator panel system installed and maintained on a monthly basis. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is fire equipment appropriately signed, accessible and free from obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are there adequate directional notices and signage for fire exits.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are emergency exits accessible and free from obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is an emergency evacuation plan displayed (including assembly area).	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have fire wardens and first aiders been identified and trained.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has an emergency evacuation test been conducted in the last 12 months.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Electrical	Assessment
Are plugs, sockets or switches free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are electrical leads in good condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is electrical equipment RCD (residual current device) protected.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have electrical test and tag arrangements been established and test tags in date.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is thermal imaging of electrical switchboards conducted annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Lighting	Assessment
Are all lighting fittings operational, clean and in good condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the lighting adequate for the work areas.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has workshop or warehouse lighting been transitioned from halide high bay lights to LED lighting. If not, are protective covers installed on the underside of halide high bay lights.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Hazardous substances and dangerous goods	Assessment
Is a documented hazardous substances and dangerous goods register or manifest in place.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are all containers / bottles correctly labelled and clearly marked.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are safety data sheets available for hazardous chemicals.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are larger quantities of chemicals stored in bunding and spill kit installed in close proximity.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are incompatible chemicals such as flammables and corrosives separated by at least 3 meters.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are flammable chemicals installed in a purpose built flammables storage cupboard.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are gas cylinders stored externally, secured in an upright position and located away from sources of ignition and impact risks.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are incompatible gas cylinders such as flammable and oxidising gasses separated by at least 3 meters.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are hazardous substances and dangerous goods stored away from sources of ignition and combustible materials such as timber, pallets, cardboard and other similar materials.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Walkways, floors and stairways	Assessment
Are walkways free from slip and tripping hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are entrances, exits and walkways clear from obstruction and well lit.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are walkways and floors free of electrical leads and other cabling.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are floor coverings (carpets etc.) clean and in good condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are aisles clear of open drawers, doors, boxes and loose materials.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are floors and storage areas free from rubbish and obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are stairways clear from obstructions and well lit	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are stair treads fitted with anti-slip protection provisions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are common areas, access paths, stairs and handrails in good condition and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
General operational areas	Assessment
Is safety signage installed including restricted area, forklifts in use, personal protective equipment, security monitoring and legible.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are parking areas adequate, line marked and maintained including lighting and general condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is impact protection bollards installed in front of external assets including distribution boards, fire equipment and access points to workshop / warehouse areas.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Are people and plant movements adequately segregated and or controlled.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are traffic management provisions in place including speed limits, line marking, speed humps, designated walkways, physical barriers and restricted access.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are general operational areas tidy and well maintained. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external areas within 10 meters of the building free from storage of combustible materials such as timber, pallets, cardboard, paper and other similar materials.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external areas within 10 meters of the building free from storage of hazardous substances and dangerous goods such as chemicals, fuels, oil drums and gas cylinders.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
First aid	Assessment
Are first aid kits available and clearly visible with first aid signage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is there a nominated first aider who holds current first aid qualifications. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the contents of the first aid kit maintained including the removal of expired items.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are first aid incidents and injuries formally recorded on an incident report and register.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Ergonomics	Assessment
Are work areas clean and orderly.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have defective chairs been removed from use.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has an ergonomic assessment been conducted for each work station.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Manual tasks SAMPLE - INTENTIONALLY FADED	Assessment
Are manual handling aids available and in good condition for moving equipment/ items.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are workers observed using safe manual handling practices.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are heavier items in storage areas stored as close to the ground as possible.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Housekeeping and storage	Assessment
Is furniture and equipment in good condition and well maintained.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are desks or cabinets arranged so drawers do not open into aisles.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are heavier or more frequently accessed items stored between waist and shoulder height.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are items stored appropriately on shelves. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are industrial racking systems in good condition / free from damage and anchored / bolted to the floor	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are safe work load signs / placards / information installed on industrial racking systems.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a clear space of at least 1m maintained between the top of the stored item and the underside of the roof or fire sprinkler heads.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are warehouse / industrial racking idles isolated from forklift movements when storage, picking or packing operations are occurring.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Other	Assessment
Are bathroom facilities maintained and appropriately stocked (soap, toilet paper, hand drying)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are kitchen areas maintained, clean and hygienic	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the workplace temperature and ventilation in working order and comfortable for the nature of the work	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

