***Area Inspected***

***Campus: Building:***

***Level:***

***Room No.:***

***Date of Inspection: Inspection carried out by:***

**N/A = Not Applicable: *this is to be used when the issue does not exist in the area under inspection.***

# - Previous inspection

**Question**

**Response**

**Comments and action to be taken**

* 1. - Has the last inspection been reviewed by HOD/Manager or nominee?
  2. - Are there outstanding actions?

Yes No

Yes No

N/A N/A

# - General Lighting

* 1. - Good natural lighting?
  2. - Reflected light from walls & ceilings causing glare to employees?
  3. - Light fittings clean and in good condition?

Yes No

Yes No

Yes No

N/A N/A N/A

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| 2.4 - Emergency exit lighting operable? |  | Yes |  | No |  | N/A |  |
| **3.0 - Building Safety** | | | | | | | |
| 3.1 - Floor surfaces even and uncluttered? |  | Yes |  | No |  | N/A |  |
| 3.2 - Entry and walkways kept clear? |  | Yes |  | No |  | N/A |  |
| 3.3 - Walkways adequately and clearly marked? |  | Yes |  | No |  | N/A |  |
| 3.4 - Intersections kept clear of boxes etc? |  | Yes |  | No |  | N/A |  |
| 3.5 - Stairs kept clear? |  | Yes |  | No |  | N/A |  |
| 3.6 - Are liquid spills removed quickly? |  | Yes |  | No |  | N/A |  |
| 3.7 - Are railings in good condition? |  | Yes |  | No |  | N/A |  |
| 3.8 - Are fall preventive measures in place and used where gaps occur in railings? |  | Yes |  | No |  | N/A |  |
| 3.9 - Are footpaths in good condition (if applicable)? |  | Yes |  | No |  | N/A |  |
| 3.10 - Furniture in good condition? |  | Yes |  | No |  | N/A |  |
| 3.11 - Loading area clean and tidy? |  | Yes |  | No |  | N/A |  |
| **4.0 - Work Benches** | | | | | | | |
| 4.1 - Clear of rubbish? |  | Yes |  | No |  | N/A |  |
| 4.2 - Tools not in use kept in place? |  | Yes |  | No |  | N/A |  |

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| 4.3 - Damaged hand tools in use? |  | Yes |  | No |  | N/A |  |
| 4.4 - Damaged power tools in use? |  | Yes |  | No |  | N/A |  |
| 4.5 - Work height correct for the type of work and the employee? |  | Yes |  | No |  | N/A |  |
| 4.6 - Are there sharp edges? |  | Yes |  | No |  | N/A |  |
| **5.0 - Rubbish Removal** | | | | | | | |
| 5.1 - Bins located at suitable points around site? |  | Yes |  | No |  | N/A |  |
| 5.2 - Bins emptied regularly? |  | Yes |  | No |  | N/A |  |
| 5.3 - Oily rags and combustible refuse placed in covered metal containers? |  | Yes |  | No |  | N/A |  |
| **6.0 - Storage Design and Use** | | | | | | | |
| 6.1 - Materials stored in racks and bins wherever possible? |  | Yes |  | No |  | N/A |  |
| 6.2 - Storage designed to minimise lifting problems? |  | Yes |  | No |  | N/A |  |
| 6.3 - Floors around racking clear of rubbish? |  | Yes |  | No |  | N/A |  |
| 6.4 - Racks and pallets in general good conditions? |  | Yes |  | No |  | N/A |  |
| **7.0 - Machines** | | | | | | | |
| 7.1 - Are they kept clean? |  | Yes |  | No |  | N/A |  |
| 7.2 - Are the floors around the machines kept clean? |  | Yes |  | No |  | N/A |  |

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| 7.3 - Guards in good condition? |  | Yes |  | No |  | N/A |  |
| 7.4 - Starting and stopping devices within easy reach of operator? |  | Yes |  | No |  | N/A |  |
| 7.5 - Waste/off cuts removed and stored safely? |  | Yes |  | No |  | N/A |  |
| 7.6 - Drip pans on floor to prevent spillage? |  | Yes |  | No |  | N/A |  |
| 7.7 - Adequate work space? |  | Yes |  | No |  | N/A |  |
| 7.8 - Is lighting adequate? |  | Yes |  | No |  | N/A |  |
| 7.9 - Noise levels controlled? |  | Yes |  | No |  | N/A |  |
| 7.10 - Is bending or stooping required? |  | Yes |  | No |  | N/A |  |
| 7.11 - Duck-boards in good repair? |  | Yes |  | No |  | N/A |  |
| 7.12 - Operators trained/inducted into the operation of the machines? |  | Yes |  | No |  | N/A |  |
| 7.13 - Is the training recorded? |  | Yes |  | No |  | N/A |  |
| 7.14 - Do operators comply with the training? |  | Yes |  | No |  | N/A |  |
| 7.15 - Are lockout procedures implemented and followed? |  | Yes |  | No |  | N/A |  |
| 7.16 - Are gas bottles secured? |  | Yes |  | No |  | N/A |  |
| **8.0 - Electrical Safety** | | | | | | | |
| 8.1 - Safety switches installed? |  | Yes |  | No |  | N/A |  |

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| 8.2 - Portable equipment tested and tagged? |  | Yes |  | No |  | N/A |  |
| 8.3 - Are broken plugs, sockets or switches present? |  | Yes |  | No |  | N/A |  |
| 8.4 - Are power leads across walkways? |  | Yes |  | No |  | N/A |  |
| 8.5 - Are leads frayed or damaged? |  | Yes |  | No |  | N/A |  |
| 8.6 - Are leads strained? |  | Yes |  | No |  | N/A |  |
| 8.7 - Portable power tools in good condition? |  | Yes |  | No |  | N/A |  |
| 8.8 - Where required are emergency shut- down procedures in place? |  | Yes |  | No |  | N/A |  |
| **9.0 - Chemical Safety** | | | | | | | |
| 9.1 - Hazardous Substance Register complete and available? |  | Yes |  | No |  | N/A |  |
| 9.2 - Material Safety Data Sheets available for all chemicals? |  | Yes |  | No |  | N/A |  |
| 9.3 - Risk assessments completed for hazardous substances? |  | Yes |  | No |  | N/A |  |
| 9.4 - All containers labelled correctly? |  | Yes |  | No |  | N/A |  |
| 9.5 - Unused substances disposed of? |  | Yes |  | No |  | N/A |  |
| 9.6 - Do special storage conditions apply? |  | Yes |  | No |  | N/A |  |
| 9.7 - If applicable are special storage conditions followed? |  | Yes |  | No |  | N/A |  |
| 9.8 - Workers trained in the use of hazardous substances? |  | Yes |  | No |  | N/A |  |

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| 9.9 - If required is PPE available? |  | Yes |  | No |  | N/A |  |
| 9.10 - Is adequate ventilation provided? |  | Yes |  | No |  | N/A |  |
| 9.11 - Are eye washes and showers easily accessed? |  | Yes |  | No |  | N/A |  |
| **10.0 Ladders** | | | | | | | |
| 10.1 - Are all ladders industrial strength rated? (Non Household rated, check label.) |  | Yes |  | No |  | N/A |  |
| 10.2 - Are ladders in good condition? |  | Yes |  | No |  | N/A |  |
| 10.3 - If used for electrical work- are they non conductive? (Wood or fibre glass.) |  | Yes |  | No |  | N/A |  |
| 10.4 - Used according to instructions? |  | Yes |  | No |  | N/A |  |
| 10.5 Extension ladders - are ropes, pulleys and treads in a good state of repair? |  | Yes |  | No |  | N/A |  |
| **11.0 - First Aid Facilities** | | | | | | | |
| 11.1 - Are cabinets and contents clean and orderly? |  | Yes |  | No |  | N/A |  |
| 11.2 - Are contents regularly checked? |  | Yes |  | No |  | N/A |  |
| 11.3 - Are contents past their expiry date? |  | Yes |  | No |  | N/A |  |
| 11.4 - Cabinets clearly labelled? |  | Yes |  | No |  | N/A |  |
| 11.5 - Is there easy access to cabinets? |  | Yes |  | No |  | N/A |  |
| 11.6 - Employees aware of location of first aid cabinet? |  | Yes |  | No |  | N/A |  |

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| 11.7 - Are first aid officers accessible? |  | Yes |  | No |  | N/A |  |
| **12.0 - Office Hazards** | | | | | | | |
| 12.1 - Are filing cabinets in good conditions? |  | Yes |  | No |  | N/A |  |
| 12.2 - Are chairs in good conditions? (Five star bases.) |  | Yes |  | No |  | N/A |  |
| 12.3 - Are desks in good conditions? (No damage.) |  | Yes |  | No |  | N/A |  |
| 12.4 - Screen Based Equipment positioned to reduce glare from windows etc? |  | Yes |  | No |  | N/A |  |
| 12.5 - Photocopiers positioned to avoid fumes? |  | Yes |  | No |  | N/A |  |
| 12.6 - Stable non-slip floor coverings in good condition? |  | Yes |  | No |  | N/A |  |
| **13.0 - Vehicle Condition** | | | | | | | |
| 13.1 - Schedule maintenance performed? |  | Yes |  | No |  | N/A |  |
| 13.2 - Are tyres in good conditions? |  | Yes |  | No |  | N/A |  |
| 13.3 - Is brake performance adequate? |  | Yes |  | No |  | N/A |  |
| 13.4 - Lights? (Check operation of brake, indicator and reversing lights) |  | Yes |  | No |  | N/A |  |
| 13.5 - Is drivers seat in good conditions? |  | Yes |  | No |  | N/A |  |
| 13.6 - Are other seats in good conditions? |  | Yes |  | No |  | N/A |  |
| 13.7 - First aid kit supplied and adequate? |  | Yes |  | No |  | N/A |  |

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| 13.8 - Storage provisions? | |  | Yes |  | No |  | N/A |  | |
| **Any other hazards identified and/or additional comments** | | | | | | | | | |
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| **Sign Off** | | | | | | | | | |
| ***Staff Member Conducting Inspection*** |  | | | |  | ***Date:*** | |  |  |
| ***HOD/Manager's Signature*** |  | | | |  | ***Date:*** | |  |  |
| ***OH&S Representative Signature*** |  | | | |  | ***Date:*** | |  |  |
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