**Sample Workplace Inspection Checklist**

This checklist will need to be adopted to meet the detailed requirements and specific needs of your workplace.

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| Company Name/ Details:  |  |
| Work Area  |  |
| **Date of Inspection:**  |  | **Action Required** |  |  |
| **Time:**  | **Good** | **Urgent** | **Schedule** | **Control Put in Place** | **Person Responsible** |
| **Fire**  |  |  |  |  |  |
| Extinguishers in place, clearly marked for type of fire and recently serviced  |  |  |  |  |  |
| Adequate direction notices for fire exits  |  |  |  |  |  |
| Exit doors easily opened from inside  |  |  |  |  |  |
| Fire wardens appointed |  |  |  |  |  |
| Exits clear of obstructions  |  |  |  |  |  |
| Fire alarm system functioning correctly  |  |  |  |  |  |
| Fire instructions available and displayed  |  |  |  |  |  |
| Assembly points clearly identified |  |  |  |  |  |
| Regular fire drills carried out  |  |  |  |  |  |
| Training sessions conducted  |  |  |  |  |  |
| **Electrical**  |  |  |  |  |  |
| No broken plugs, sockets or switches  |  |  |  |  |  |
| No frayed or damaged leads  |  |  |  |  |  |
| Portable power tools in good condition  |  |  |  |  |  |
| No temporary leads on floor  |  |  |  |  |  |
| All electrical equipment has been taged |  |  |  |  |  |
| Emergency shut-down procedures in place  |  |  |  |  |  |
| No strained leads  |  |  |  |  |  |
| **General Lighting**  |  |  |  |  |  |
| Adequate illumination  |  |  |  |  |  |
| Good natural lighting  |  |  |  |  |  |
| No direct or reflected glare  |  |  |  |  |  |
| Light fittings clean and in good condition  |  |  |  |  |  |
| Emergency lighting operable  |  |  |  |  |  |
| **Chemicals On-Site**  |  |  |  |  |  |
| MSDS for all chemicals  |  |  |  |  |  |
| Containers clearly labelled  |  |  |  |  |  |
| Do special storage conditions apply?  |  |  |  |  |  |
| **First Aid**  |  |  |  |  |  |
| Cabinets and contents clean and orderly  |  |  |  |  |  |
| Easy access to cabinets  |  |  |  |  |  |
| Employees aware of location of first aid cabinet  |  |  |  |  |  |
| First aid cabinet clearly labeled  |  |  |  |  |  |
| Eye wash facilities are provided (were appropriate) |  |  |  |  |  |
| Emergency numbers displayed  |  |  |  |  |  |
| Supply of soap and towels  |  |  |  |  |  |
| Adequate stocks  |  |  |  |  |  |
| **Floors**  |  |  |  |  |  |
| Even surface, no cracks or holes  |  |  |  |  |  |
| Loose boards or drainage grills or vents are cleaned regularly  |  |  |  |  |  |
| Oil and grease removed  |  |  |  |  |  |
| Entry across walkways kept clear  |  |  |  |  |  |
| No electrical leads across walkways  |  |  |  |  |  |
| Walkways adequately lit and clearly marked  |  |  |  |  |  |
| Unobstructed vision at intersections  |  |  |  |  |  |
| **Office Hazards**  |  |  |  |  |  |
| Filing  |  |  |  |  |  |
| Chairs  |  |  |  |  |  |
| Desks  |  |  |  |  |  |
| Glare from windows  |  |  |  |  |  |
| Photocopiers – fumes  |  |  |  |  |  |
| Air conditioning maintained regularly  |  |  |  |  |  |
| Disposal of waste  |  |  |  |  |  |
| **Machines**  |  |  |  |  |  |
| Kept clean  |  |  |  |  |  |
| Adequately guarded  |  |  |  |  |  |
| Starting and stopping devices within easy reach  |  |  |  |  |  |
| Waste storage / disposal  |  |  |  |  |  |
| Drip pans to prevent spillage  |  |  |  |  |  |
| Adequate work space around machine  |  |  |  |  |  |
| Noise levels controlled  |  |  |  |  |  |
| Lighting satisfactory  |  |  |  |  |  |
| No bending or stooping required  |  |  |  |  |  |
| **Rubbish – Waste**  |  |  |  |  |  |
| Bins located at suitable points in plant  |  |  |  |  |  |
| Bins emptied regularly  |  |  |  |  |  |
| Oily rags and combustibles in covered container  |  |  |  |  |  |
| **Work benches**  |  |  |  |  |  |
| Clear of rubbish  |  |  |  |  |  |
| Tools not in use stored correctly  |  |  |  |  |  |
| No damaged hand-tools  |  |  |  |  |  |
| Work height  |  |  |  |  |  |
| No sharp edges  |  |  |  |  |  |
| **Storage** |  |  |  |  |  |
| Materials stored in racks & bins |  |  |  |  |  |
| Storage designed to minimize lifting |  |  |  |  |  |
| Floors around racking clear of rubbish |  |  |  |  |  |
| General conditions of racks & pallets |  |  |  |  |  |
| **Other Items**  |  |  |  |  |  |
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**Work Site Safety Inspection**

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employees: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Supervisor* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Inspection Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Unsafe Acts /Conditions | Priority | Corrective ActionRequired | Person Responsible | Completed(date and name) |
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| Manager’s Signature | Date |