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

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

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