

HAZARD INSPECTION CHECKLIST			Authorised by: _____
Location of Inspection: _____	Date: _____	Time: _____	
Inspected By: _____ <small>(Name)</small>		_____ <small>(Name)</small>	
Signature: _____			

PURPOSE:

The purpose of this document is to provide guidelines for the identification of Hazards and Risks in the workplace in line with procedure

DEFINITION:

Hazard: A hazard is a source of potential harm or a situation with the potential to cause loss.

Risk: A chance that an event will occur which will result in personal injury or loss.

INSPECTION PROCEDURES:

1. Use this checklist to inspect for hazards at the workplace **monthly**.
 2. PCBU / Managers and employees are to inspect for hazards as per the "Hazard Inspection Matrix".
 3. For any 'N' ticked, conduct a risk assessment using the 'Risk Assessment Calculator' and write down the risk level on the checklist. (Any score **1 or 2** risks must be immediately reported to the PCBU / Manager and Health & Safety Representative (HSR) so a formal, documented risk assessment may be conducted).
 4. When completed, transfer all hazards that can't be rectified immediately to the 'Rectification Action Plan' - (RAP).
 5. Forward the checklist and RAP to the PCBU (Person Conducting Business Undertaking) / Manager for further action (if required) and sign-off.
- Note:** When recommending control/corrective actions, always consider both short term and long-term control options.
6. Forward the checklist and RAP to the HSR for further action (if required) and sign-off.
 7. The HSR is to table the RAP at the Safety Committee meeting.
 8. The Health and Safety Representative Committee (HSRC) is to discuss the control/corrective actions (if necessary) and monitor if the RAP has been effectively actioned, verified and signed off.
 9. The PCBU / Manager is to discuss the checklist and RAP with his/her employee at the regular toolbox talks.

Consequence	Likelihood			
	Very Likely <small>Expected to occur</small>	Likely <small>Probably will occur</small>	Unlikely <small>Should occur at some time</small>	Very Unlikely <small>Could occur at some time</small>
Catastrophic <small>Severe illness/injury, death</small>	1	1	2	3
Major <small>Extensive injuries</small>	1	2	3	4
Moderate <small>Medical treatment required</small>	2	3	4	5
Minor <small>No injuries</small>	3	4	5	6

1 = Extreme Risk 2 = High Risk 3-4 = Moderate Risk 5-6 = Low Risk

NOTE: All questions should be answered by marking the appropriate column;
(Y) = Yes (N) = No (NA) = Not Applicable

No.	Items to Check	Y	N	NA	Risk	Comment
1. Fire Safety Installations						
1	Is firefighting equipment correctly maintained and records current? <ul style="list-style-type: none"> fire extinguisher, blanket and hose reels – 6 months fire hydrant – 12 months 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is firefighting equipment marked with a location and identification marker (2 – signs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is all firefighting equipment accessible, clear from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is employee trained in the correct use of firefighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is the fire alarm system correctly maintained and records current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Evacuation						
1	Are evacuation routes clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are final exits clear from obstructions for two meters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is exit door hardware the correct type, lever type operating in the downward position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are exit doors unlocked, unobstructed, undamaged and operating correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are all emergency exits and evacuation routes clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are the evacuation signs/diagrams securely fastened and orientated for the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are emergency assembly areas clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are exit signs and emergency lighting correctly maintained and records current, 6 monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Evacuation Planning, Instruction and Practice						
1	Is there an evacuation plan in place and current, is it reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have general evacuation instructions been given and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Have first response evacuation instructions been given and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Have evacuation coordination instructions been given and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Have evacuation practice been conducted annually and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Has a Fire Safety Advisor been appointed and qualification current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Display Documents and Other Records						

No.	Items to Check	Y	N	NA	Risk	Comment
1	Are display documents in place? <ul style="list-style-type: none"> Emergency Evacuation Procedure – General Instruction Environmental Emergency Evacuation Procedure Emergency Numbers Emergency Evacuation Procedure – Fire Notification Emergency Control Summary Standard Fire Orders Fire and Evacuation Plan Critical Incident Control Form Certificate of Classification for the building 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the Occupiers Statement current and reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all records kept in a way that they are safe from the effects of fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. First Aid						
1	Are there sufficient first aid kits at the workplace? <ul style="list-style-type: none"> Warehouse Offices Company Vehicles 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are the first aid kits appropriate for the types of injuries and illnesses likely to occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are the first aid kits located in a prominent and accessible position, clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Do all employees have access to first aid kits during all work shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Can the first aid kits be clearly identified and marked with a white cross on a green background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Has a first aid officer been appointed and qualifications current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are first aid officer(s) identities and contact details displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Has the first aid officer been appointed to maintain the first aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are first aid kits checked on a regular basis, at least every 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are contents appropriately labeled and within their use-by dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Is there a contents list available for the first aid kits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Does the contents of the kit, agree with contents list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Are emergency telephone numbers displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Are all injuries reported and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	When first aid equipment is used, is it recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No.	Items to Check	Y	N	NA	Risk	Comment
16	Are there eye wash stations available near plant battery chargers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Electrical						
1	Is electrical equipment tested and tagged on a regular basis and maintenance records kept? <ul style="list-style-type: none"> If the equipment is only used for office work – at least every 5 years Otherwise – at least every year 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the premises protected by a safety switch or residual current device (RCD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are there portable RCD's available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are safety switches and RCD's tested and tagged on a regular basis and maintenance records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Does safety switches/RCD comply with AS/NZS3760?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are correct power boards used (no double adaptors or piggy back plugs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are switchboards accessible and clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are electrical circuit breakers correctly identified and labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are switchboards in good condition and kept locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are electrical hazards such as switchboards identified with 'Danger' signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Signage						
1	Are relevant safety signs displayed near equipment and throughout the workplace? <ul style="list-style-type: none"> Mandatory Signs - 'PPE Must Be Worn' Danger Signs - 'Unauthorized Entry' Caution Signs - 'Slippery Surface' Notice Signs - 'Visitors Must Register at Office' 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are 'Quarantine Area' signs displayed where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are security signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are all signs in good condition and securely fix?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Floor Markings						
1	Are relevant floor markings present and in good condition? <ul style="list-style-type: none"> Storage Areas Quarantine Areas Walkways Pedestrian Crossings Trip Hazards Keep Clear Areas 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Personal Protective Equipment (PPE)						

No.	Items to Check	Y	N	NA	Risk	Comment
1	Is appropriate PPE available for the tasks being performed? <ul style="list-style-type: none"> Footwear High visibility clothing/vest Gloves Glasses/goggles Protective Clothing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is PPE being used correctly for the tasks being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are employees trained in the correct use of PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Does PPE comply with the appropriate Australian Standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is adequate signage in place where PPE is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is all PPE maintained in good condition and stored correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there sufficient storage for PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is adequate PPE available for visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Chemicals						
1	Is there a chemical and Material Safety Data Sheet (MSDS) register available and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are MSDS's current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are MSDS's available where the chemicals are stored and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are MSDS's easily accessible and clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are chemicals stored correctly, refer to MSDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are all containers well marked/labeled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there adequate PPE available for handling chemicals, refer to MSDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is PPE being used correctly when handling chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are work instructions for the safe storage, handling and disposal of chemicals available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are employees trained in safe chemical storage, handling and disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Is there an emergency spill kit available in the workplace for chemical spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Are the contents of the spill kit adequate for the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Plant / Equipment						
1	Is appropriate equipment available for the tasks being performed? <ul style="list-style-type: none"> Material Handling Equipment Office Equipment/Furniture 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No.	Items to Check	Y	N	NA	Risk	Comment
2	Is there a Plant and Equipment register available and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are safe work procedures for the safe use of plant and equipment available for the equipment being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are employees trained in safe work procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Do all operators hold the required current licence or certificate to operate specified plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there an operator licence register available and current for the authority to operate specified plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are log book inspections conducted daily for power mobile/fixed plant and records kept? <ul style="list-style-type: none"> • Forklifts • Electric Pallet Jack • Delivery Vehicles • Powered Floor Scrubber 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are other items of plant inspected on a regular basis and records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Is all equipment in good condition, functioning correctly and correctly assembled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Is plant and equipment serviced and maintained on a regular basis and records kept? <ul style="list-style-type: none"> • Forklifts • Electric Pallet Jack • Delivery Vehicles • Powered Floor Scrubber • Photocopier, etc 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Is faulty, damaged or unsafe plant and equipment reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Have 'Danger' or 'Out of Service' tags been applied to faulty, damaged or unsafe plant and equipment and removed from use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Is there a Danger or Out of Service Tag register available and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Is equipment stored in a way that it does not obstruct traffic or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Is there sufficient storage for equipment and are storage areas clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Are carrying/lifting capacities for plant and equipment clearly identified? <ul style="list-style-type: none"> • Forklifts • Electric Pallet Jack • Delivery Vehicles • Hand Trolleys 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Are loads within the carrying/lifting capacities for plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Are all safety signage and decals legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No.	Items to Check	Y	N	NA	Risk	Comment
12. Pallet Racking						
1	Are daily checks conducted on pallet racking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is pallet racking in good condition, functioning correctly, undamaged and correctly assembled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is appropriate Safe Working Load signs displayed clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are appropriate safe guards n place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are pallets stored on racking within the load limits? (check pallets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. General Work Areas						
1	Are work areas and work stations maintained in a clean and tidy condition, clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is waste correctly managed; no build up of excess rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is there sufficient waste bins available and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there adequate storage space available for product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are product and pallets correctly stacked and stored within the warehouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are pallets of product correctly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there sufficient natural or artificial lighting available for work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are all lights and light fittings in good condition, functioning correctly, undamaged and correctly assembled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are there any defective, deficient, damaged or faulty structures, fittings within the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are walkways and keep clear zones clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Are stairs, steps and treads accessible, clear from obstruction and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Have all slip, trip and fall hazards been clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Is damaged stock reported and clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Is stock not for sale clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Is damaged stock stored separately to other stock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Is damaged stock discarded appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Is there a spill kit available within the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Are the contents of the spill kit adequate for the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No.	Items to Check	Y	N	NA	Risk	Comment
14. Battery Charging Stations						
1	Is battery charging stations located away from stock, chemicals and other combustible products that can fuel a fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there adequate ventilation available during the charging process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are safe work procedures for recharging batteries available for the equipment being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are employees trained in safe work procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is there adequate signage in place where PPE is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is appropriate PPE being used and stored correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is the battery charging stations accessible and clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is battery charging equipment in good condition, functioning correctly, undamaged and correctly assembled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Lunchroom and Amenities						
1	Are there adequate facilities and dispensing units available for employees? <ul style="list-style-type: none"> • Toilets • Showers • Lunchroom • Soap/Detergent Dispensers • Paper Towel Dispensers • Hand Dryers • Air Sanitiser Dispenser • Sanitary Bins 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is lunchroom and amenities in a clean and tidy condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are female and male toilets separate and clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are there adequate consumables available for staff use and accessible? <ul style="list-style-type: none"> • Soaps and Detergents • Toilet Tissue • Hand/Paper Towel • Wipes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is all furniture and appliances in good condition, functioning correctly, undamaged and correctly assembled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Exterior of building (rear and front car park areas)						
1	Are car park lines in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are car park areas maintained in a clean and tidy condition, clear from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all exterior signs in good condition, not faded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are wheel stops in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No.	Items to Check	Y	N	NA	Risk	Comment
5	Are gates and perimeter fence undamaged, working correctly and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are vehicles parked within the designated spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is all exterior lighting in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Contractors / Visitors						
1	Is there a contractor/visitor 'sign in' register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there an induction process for contractors/visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are contractors/visitors signed in and inducted before entering the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there contractor service registers available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are induction and training records kept for contractors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6	Are copies kept of relevant certificates and are they current? <ul style="list-style-type: none"> • WorkCover • Public Liability Insurance • Superannuation • Workers Compensation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	When contractors/visitors enter the workplace can they be clearly identified at all times as visitors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8	Do contractors/visitors follow safety instructions and signage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9	Do contractors/visitors sign out before leaving the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Policies						
1	Are the company policies accessible by all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are the following policies displayed in a conspicuous place and current? <ul style="list-style-type: none"> • Work Health & Safety Policy • Communication and Consultation Policy • Bullying and Workplace Violence Policy • Rehabilitation / Return to Work Policy • Environmental Health and Safety Policy • Environmental Management Plan • WHS – E.H.S. Structure • Responsibility Statement – PCBU / Managers / Directors • Responsibility Statement – Middle Management • Responsibility Statement – Employees 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Have all employees signed policy agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Do employees follow policy instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are policies current and reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Communication and Consultation						

No.	Items to Check	Y	N	NA	Risk	Comment
1	Are WHS meetings conducted on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Has a HSRC been appointed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Do PCBU / Managers allocate time to discuss safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are employees involved in safety discussions and developing procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are the views of employees valued and taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Safe Work Procedures						
1	Have all task with safety risks been identified and the risks controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have Safe Work Procedures been developed and implemented for these tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are employees involved in developing safe work procedures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4	Are procedures followed in day-to-day operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are safe work procedures current and reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Training and Supervision						
1	Are all employees inducted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	Are employees trained in hazard identification and risk assessment and control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are employees trained in emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are employees trained in safe work procedures before commencing tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Do employees understand procedures and demonstrate they can do the tasks safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are employees supervised and assessed to ensure safe work procedures are followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are training records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Reporting						
1	Are procedures for reporting safety issues and incidents in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are safety issues and incidents reported and acted upon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are safe work procedures and training reviewed following incident reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. Other Hazards Identified						
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**COMPANY
LOGO**

SAMPLE COMPANY
 88, XXX Street, XXX NSW 0000
 Phone: (02) 1234 5678 Fax: (02) 1234 5678
 Web: www.sample.com.au Email: info@sample.com.au

No.	Items to Check	Y	N	NA	Risk	Comment
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PCBU / Manager

Name:	Signature:	Date:
Comments:		

HSR

Name:	Signature:	Date:
Comments:		

