# Workplace Inspection Checklist



|  |  |  |  |
| --- | --- | --- | --- |
| **Date of inspection** |  | **Time of inspection** |  |
| **Area inspected:**  |  |
| **Inspected by:**  |  |

| Issue | **Yes** | **No** | **Action To Be Taken** | **Date Completed** |
| --- | --- | --- | --- | --- |
| **1. Work Environment** |  |  |  |  |
| Work areas clean | [ ]  | [ ]  |  |  |
| Floors clean, dry and free of refuse | [ ]  | [ ]  |  |  |
| Stairs clean, dry and free of refuse | [ ]  | [ ]  |  |  |
| Bins available and emptied regularly  | [ ]  | [ ]  |  |  |
| Is the work height/position awkward or difficult (ergonomic)? | [ ]  | [ ]  |  |  |
| Passageways stairways clear of obstructions | [ ]  | [ ]  |  |  |
| Floors of an even surface | [ ]  | [ ]  |  |  |
| Is there adequate working space? | [ ]  | [ ]  |  |  |
| **2. Lighting** |
| Is there adequate lighting for tasks performed? | [ ]  | [ ]  |  |  |
| Is task lighting required? | [ ]  | [ ]  |  |  |
| Are light covers in place and clean? | [ ]  | [ ]  |  |  |
| **3. First Aid Facilities**  |
| Are adequate first aid facilities provided (eg first aid kit, first aid room)? | [ ]  | [ ]  |  |  |
| Are first aid facilities clearly labeled? | [ ]  | [ ]  |  |  |
| List of current first aiders and contact details | [ ]  | [ ]  |  |  |
| First aid reporting form available | [ ]  | [ ]  |  |  |
| Emergency numbers displayed  | [ ]  | [ ]  |  |  |
| **4. Emergency Response** |
| Are emergency response procedures displayed and up to date? | [ ]  | [ ]  |  |  |
| Are staff trained in emergency procedures? | [ ]  | [ ]  |  |  |
| Is there a designated assembly point ? | [ ]  | [ ]  |  |  |
| Exit signs and directions to exits | [ ]  | [ ]  |  |  |
| Exit doors easily opened from the inside | [ ]  | [ ]  |  |  |
| Emergency exits, fire extinguishers and hoses unobstructed | [ ]  | [ ]  |  |  |
| Extinguishers in place, clearly marked for the type of fire, and serviced 6 monthly | [ ]  | [ ]  |  |  |
| Regular emergency drills performed | [ ]  | [ ]  |  |  |
| Staff trained in the use of fire extinguishers | [ ]  | [ ]  |  |  |
| No smoking signs displayed | [ ]  | [ ]  |  |  |
| List of fire wardens displayed | [ ]  | [ ]  |  |  |
| **5. Stacking and Storage** |
| Adequate storage facilities | [ ]  | [ ]  |  |  |
| Storage racks — secure and bolted | [ ]  | [ ]  |  |  |
| Storage racking checked regularly  | [ ]  | [ ]  |  |  |
| Pallets in good condition | [ ]  | [ ]  |  |  |

| Issue | **Yes** | **No** | **Action To Be Taken** | **Date Completed** |
| --- | --- | --- | --- | --- |
| **6. Electrical Installations** |
| Adequate wiring, well insulated | [ ]  | [ ]  |  |  |
| Fuses provided  | [ ]  | [ ]  |  |  |
| Fire hazards checked | [ ]  | [ ]  |  |  |
| Electrical danger signs posted | [ ]  | [ ]  |  |  |
| Correct fire extinguishers available | [ ]  | [ ]  |  |  |
| Power points free of obvious defects | [ ]  | [ ]  |  |  |
| Clear space in front of switchboards of at least 1 metre | [ ]  | [ ]  |  |  |
| Switchboard door capable of being locked to prevent unauthorised access | [ ]  | [ ]  |  |  |
| Electrical installations and electrical equipment inspected, tested and maintained. Refer to AS/NZS 3760. | [ ]  | [ ]  |  |  |
| **7. Portable Electrical Equipment** |
| Plugs, cables, sockets, switches in good condition | [ ]  | [ ]  |  |  |
| Extension leads and power boards in a safe operating condition | [ ]  | [ ]  |  |  |
| Portable outlet devices suitable (double adaptors & piggy back plugs not recommended) | [ ]  | [ ]  |  |  |
| Electrical equipment inspected, tested and tagged in accordance with AS/NZS 3760 | [ ]  | [ ]  |  |  |
| Electrical leads positioned to avoid tripping and damage risks | [ ]  | [ ]  |  |  |
| Are earth leakage circuit breakers installed? | [ ]  | [ ]  |  |  |
| Are safety switches used? | [ ]  | [ ]  |  |  |
| **8. Ladders** |
| Ladders inspected and in good condition | [ ]  | [ ]  |  |  |
| No splicing or repairs | [ ]  | [ ]  |  |  |
| Properly secured — top and bottom | [ ]  | [ ]  |  |  |
| Non slip feet fitted | [ ]  | [ ]  |  |  |
| Extend past landings by 1 metre | [ ]  | [ ]  |  |  |
| Constructed of sound materials | [ ]  | [ ]  |  |  |
| Located on firm footing  | [ ]  | [ ]  |  |  |
| Free of debris and materials | [ ]  | [ ]  |  |  |
| Metal ladders not used for electrical tasks  | [ ]  | [ ]  |  |  |
| Step ladders fully open when in use | [ ]  | [ ]  |  |  |
| **9. Plant Safety** |
| Prescribed plant is registered | [ ]  | [ ]  |  |  |
| Machine guards in place | [ ]  | [ ]  |  |  |
| Plant risk assessments conducted | [ ]  | [ ]  |  |  |
| Machinery in good condition | [ ]  | [ ]  |  |  |
| Safe operating procedures displayed  | [ ]  | [ ]  |  |  |
| Are out of service/danger tags available? | [ ]  | [ ]  |  |  |
| Plant regularly maintained | [ ]  | [ ]  |  |  |
| Are records of inspections, maintenance and repairs kept? | [ ]  | [ ]  |  |  |
| Personal Protective Equipment provided | [ ]  | [ ]  |  |  |
| Safety signs displayed  | [ ]  | [ ]  |  |  |
| Plant operators have national certification (where needed)  | [ ]  | [ ]  |  |  |

| Issue | **Yes** | **No** | **Action To Be Taken** | **Date Completed** |
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| **10. Gas Cylinders** |
| Stored upright | [ ]  | [ ]  |  |  |
| Maintenance/Inspection up to date | [ ]  | [ ]  |  |  |
| Stored in fire resistant and well ventilated areas | [ ]  | [ ]  |  |  |
| Clear separation between full and empty cylinders | [ ]  | [ ]  |  |  |
| **11. Workplace Substances** |
| Containers clearly identified | [ ]  | [ ]  |  |  |
| Chemicals safely stored | [ ]  | [ ]  |  |  |
| Spill trays provided | [ ]  | [ ]  |  |  |
| Proper types and number of fire extinguishers | [ ]  | [ ]  |  |  |
| Personal protective Equipment available | [ ]  | [ ]  |  |  |
| Personal Protective Equipment provided  | [ ]  | [ ]  |  |  |
| Material Safety Data Sheets/Safety Data Sheets available | [ ]  | [ ]  |  |  |
| Workplace substance register available | [ ]  | [ ]  |  |  |
| Staff trained in chemical safety | [ ]  | [ ]  |  |  |
| Spill kits available | [ ]  | [ ]  |  |  |

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| **Staff Facilities** |
| Toilets, washrooms accessible and clean | [ ]  | [ ]  |  |  |
| Washroom consumables available for good hygiene practices | [ ]  | [ ]  |  |  |
| Meal areas accessible, comfortable, clean and hygienic | [ ]  | [ ]  |  |  |
| Potable water is readily available | [ ]  | [ ]  |  |  |
| Meal areas sufficiently removed from workplace activities | [ ]  | [ ]  |  |  |
| Lighting sufficient | [ ]  | [ ]  |  |  |
| **Other issues identified:** |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
|  | [ ]  | [ ]  |  |  |
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|  | [ ]  | [ ]  |  |  |

Return Completed form to [Insert Position (e.g. CEO/Director/Owner)]