

Health & Safety Hazard Checklist

Location:	Date:
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ACCESS & EGRESS

Exits clear of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Locking devices work on doors/windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Do stairwells have secure hand rails?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Visitors and contractors checked in and inducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		

ELECTRICAL

Is an extinguisher near boards/panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is air conditioning system adequate and regularly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are cords, plugs and equipment maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		

EVACUATION

System in place, signs displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Practiced and reviewed 6-monthly regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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FIRE EQUIPMENT

Checked regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Safety tag in tact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Correct type for the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Location identified/correct signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are people trained to use equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Fire warden identified and trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

FLOORS

In good repair (covering, ripped, torn, lifting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Clear of waste/rubbish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Waste receptacles provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Free from trip, slip, fall, hazards? (cords, cables, water, files, paper or boxes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

HYGIENE

Toilet areas clean and soap and towels provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is the no smoking policy being observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Fridge clean and kept at appropriate temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		

WORK AREAS

Are people aware of Early Reporting of pain and discomfort symptoms associated with VDU use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are shelves secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Floor clear of debris, leads and cables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Waste bins adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are desks tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Appropriate furniture (ergonomic) – chair, workstation/desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Is lighting adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are cutting and shredding equipment guarded and safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Correct placing of V.D.U. Screens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are work stations set-up correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are micropauses/exercises being done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Photocopier positioned at least 4m from working areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

FIRST AID

First Aid kits well stocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Qualified First Aider in branch/division?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Are First Aiders names displayed and qualification up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		

HAZARDS

Has Start-up induction training been completed for new employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are people aware of hazards in their area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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ACTION LIST

ACTIONS REQUIRED	BY WHOM	BY WHEN	COMPLETED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

SIGNATURES

Signed by Manager:

Name:	Date:
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Signed by Health & Safety Chairperson:

Name:	Date:
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GENERAL COMMENTS

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REPAIRS NEEDED

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REPLACEMENTS NEEDED

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SIGNATURE

Signed:

Name:	Date:
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