

	MANAGEMENT SYSTEM	Manual	Reference
		SHEQ	SHEQ-SYS-F-015
		Form	
		Site Inspection and Observation Form	

Safety Inspection Area/Event	Compliance Yes/No	Hazard	Risk	Ref
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Housekeeping

• Are all pathways/walkways clear of rubbish or obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are the floor surfaces even, free of holes, cracks, fraying or uplifting edges	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all pathways/walkways slip free	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Do all steps/stairs/ramps have suitable non-slip surfaces and edges?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all steps and stairs in good/safe condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are handrails secure and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are noise levels acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are door handles and catches in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all waste containers appropriately located?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all areas maintained in a tidy condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are appropriate steps/ladders provided for handling items stored or displayed above shoulder height?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Ventilation

• Are work areas well ventilated?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are air conditioning units maintained regularly? Last maintenance inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are temperatures appropriate for the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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Lighting

• Is there adequate lighting in the area (including natural)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is the area free of glare from the sun?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all lights functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Light fittings clean and in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all windows clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Furniture

• Is the furniture provided suitable for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is the furniture used for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is the furniture in good/safe condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Has an workstation assessment been undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Storage

• Is there sufficient storage space?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are the storage areas free of accumulated equipment or rubbish?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is appropriate shelving used?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is the shelving provided at suitable height?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are free standing bookshelves/cupboards secured to ensure stability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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• Are potentially hazardous substances kept in a secure area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical				
• Are power points and switches in good working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Do all power boards used have an overload switch?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• All electrical cords in good repair, with no broken or damaged plugs/sockets?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Have all electrical appliances been tested and tagged according to Australian/New Zealand Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are electrical cables/cords kept clear of walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Equipment				
• Adequate work space provided around each piece of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Equipment is clean and maintained correctly – inspect maintenance records?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are electrical cables and cords checked to ensure safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Noise level satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Do you need to carry out an Equipment Risk Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Safety and Emergency Procedures				
• Are entrances and exits kept clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Alarm system works and is regularly tested (check log book)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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• Sprinkler system works and is tested regularly (Date of last inspection:)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Where emergency exit lights are installed, are they in working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are evacuation procedures displayed in prominent places around the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are evacuation/fire drills practiced? Date of last one:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Visitors to the area provided with sufficient training to allow for their safe emergency evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are fire extinguishers and blankets located and mounted appropriately and is correct signage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Fire extinguishers appropriate for hazards within area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are fire extinguishers tested yearly? Last test date:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Do gas heaters have automatic safety cut offs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are flammables kept clear of heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
First Aid				
• Are appropriate first aid kits readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are first aid signs displayed prominently?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are the kits regularly maintained? By whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are the contents of kits inspected regularly to ensure that they do not present a risk to allergic reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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• Are the list of qualified First Aiders and emergency phone numbers displayed prominently?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are arrangements for the first aid needs known by staff and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Chemicals				
• Is the Register of Substances up-to-date and accessible to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is there Material Safety Data Sheets available on all substances and accessible to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Is the chemical stored in the correct manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Are all decanted substances labelled correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Has a risk assessment been undertaken on all chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" Action to be taken:		
• Is the correct PPE available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Safety Observations (You will need to ask workers within the department some of the questions below)				
• Are all workers working safely within the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Where applicable, are workers wearing personal protective equipment appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
• Do Noticeboards have appropriate WHS information displayed? Are they maintained in a tidy manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations:		
• Are workers aware who their WHS representative is?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations:		
• Are workers aware of how to report hazards and incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations:		
• Do workers have regular staff meetings to discuss WHS issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations:		

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Further Comments:				

Name:		Signature:		Date:	
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