

## Workshop - Hazard Inspection Checklist

(To be completed at least every 3 months)

<b>Workplace:</b>	<b>Date:</b>	<b>Person/Persons Inspecting:</b>
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Tick "Yes" or "No" to each question. A "No" answer indicates there is a hazard or a procedure not being implemented.

Subject	Y e s	N o	What is the problem? (To be completed by person doing the inspection eg Manager / OSH Representative)	Follow up action undertaken (To be completed by the responsible manager or as assigned by the manager)	Date completed
<b>1. Reporting</b>					
a) Accident / Incident report forms are readily available to all persons that use the workshop.					
b) Hazard report forms are readily available to all persons that use the workshop.					
<b>2. Fire and Emergency</b>					
a) Fire extinguishers are clearly signed, accessible and have been checked within the last 6 months.					
b) Current Emergency Evacuation Procedures are displayed and known to all persons that use the workshop.					
c) Emergency exits are signed and clear of obstructions.					
d) Emergency alarms are in sound working order.					
e) Emergency eye wash stations are available and clearly marked.					
f) First aid kits are accessible and contain minimum item requirements.					
<b>3. Electrical</b>					
a) Electrical testing and tagging is being conducted.					
<b>4. Hazardous Substances</b>					
a) The Hazardous Substances Register is up to date and readily accessible.					

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b) A Material Safety Data Sheet (MSDS) is available for each hazardous substance in the workplace.					
c) Hazardous substances are stored and handled as outlined on the MSDS.					
d) All containers containing hazardous substances are labelled correctly.					
e) Appropriate Personal Protective Equipment (PPE) is provided and utilised for working with hazardous substances.					
f) Hazardous substance waste is disposed of safely.					
<b>5. General Storage</b>					
a) Storage areas are adequate and accessible.					
b) Free standing fittings are secure and stable.					
<b>6. Floors, Paths and Roadways</b>					
a) Floors and paths are not slippery to walk on, including when wet.					
b) Floors and paths are free of trip hazards (eg electrical leads, excessive wear, potholes and hoses).					
c) Roadways are wide enough for goods traffic.					
d) Visibility is clear at intersections.					
e) Dual use paths/work areas are safe for both pedestrians and vehicles.					
<b>7. Manual Handling</b>					
a) All staff are trained in correct manual handling techniques.					
b) Lifting devices are utilised routinely for difficult manual handling tasks.					

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<b>8. Personal Protective Equipment</b>					
a) Appropriate hearing protection, eye protection, hard hats, safety footwear, goggles, face shields and gloves are available as required.					
<b>9. Mobile Plant</b>					
a) Mobile plant is only operated by people with the appropriate license to operate that equipment (eg forklifts and cranes).					
b) Mobile Plant is well maintained					
<b>10. Indoor Environment</b>					
a) People in the workshop area are not experiencing sore eyes, running noses, headaches, mucous membrane irritation, dry skin, dizziness and nausea due to air quality (only while at work).					
b) Lighting is suitable for tasks being performed					
c) Air flow and ventilation is adequate.					
<b>11. Tools</b>					
a) All tools are kept clean and in good condition.					
b) Workshop tools are stored securely when not in use.					
c) Missing or broken tools are reported.					
<b>12. Machinery</b>					
a) Necessary guards are in place and sound condition.					
b) Safety switches are in place and working.					
c) Appropriate safe work procedures are displayed for each machine or hazardous task.					

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d) Machinery checks and maintenance are being undertaken and appropriate records maintained.					
<b>13. Bench Tops</b>					
a) Bench tops are clear of unnecessary tools and equipment.					
b) Open containers of flammable liquid are not stored on the bench top.					
<b>14. Other Hazards Identified</b>					

**OSH Representative to sign off once inspection has been completed and checklist issues handed over to the Manager responsible for the area.**

- OSH Representative's name: \_\_\_\_\_
- OSH Representative's signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**Responsible Manager to complete once appropriate follow-up action has been taken.**

- Responsible Manager's name: \_\_\_\_\_
- Responsible Manager's signature: \_\_\_\_\_
- Date: \_\_\_\_\_

Record Keeping: Completed copy is to be retained