



Area Assessed:

Date:

Assessors:

### GENERAL WORK AREAS SAFETY INSPECTION CHECKLIST

With thanks to University of Wollongong who provided the template for this document

The information provided by OH&S inspections assist with the identification and assessment of hazards in the workplace, and the development of suitable programs and corrective actions. This checklist serves as a guide for evaluation of general work areas, and is not intended to be comprehensive. Not all elements need be assessed at one time. Any other potential hazards that are identified in specific areas must be added to this checklist as required.

When working through the checklist you should provide a recommendation for corrective action where appropriate and indicate that the relevant steps have been taken to ensure that this is carried out.

Item	Response	If No, provide details	Recommended Corrective Action	Individual responsible for ensuring corrective action is underway	Date Completed
<b>1. GENERAL</b>					
1.1 Noise level does not interfere with Emergency signals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
1.2 Are photocopiers located away from personal workstations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
1.3 Is Health, Safety and Emergency information clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
1.4 Are waste bins routinely emptied?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>2. FLOOR, AISLES, STAIRS AND LANDINGS</b>					
2.1 Floors have even surfaces (no cracks or holes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Item	Response	If No, provide details	Recommended Corrective Action	I Individual responsible for ensuring corrective action is under way	Date Completed
2.2 Are floors and aisles clear of rubbish, materials and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.3 There are no electrical cords lying across walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.4 There are no worn or broken treads on stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
2.5 Handrails are in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
2.6 Non-skid strips on stairs are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
2.7 Kick plates on landings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
2.8 Landings are clear of crates and other obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>3. FIRST AID</b>					
3.1 Kits are clearly labelled for easy identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
3.2 Cabinets and contents are clean, orderly and properly stocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
3.3 Emergency numbers are clearly displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

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3.4 "First Aid Officer" sign appears beside the door where First Aid Officer is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
3.5 Names, photographs, contact numbers and exact locations of First Aid Officers are clearly displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>4. EMERGENCY RESPONSE/FIRE FIGHTING EQUIPMENT</b>					
4.1 Fire extinguishers located in easy-to-see location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.2 Fire extinguishers marked for the type(s) of fires to be fought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.3 Fire extinguishers inspected/tagged within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.4 Fire extinguishers free from obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.5 Fire hoses are conveniently located in major corridors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.6 Sprinkler system is operational (sprinkler heads free from damage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.7 Overhead sprinklers/detectors clear of obstructions, stores, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

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4.8 Emergency instructions are displayed, and easy to understand?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.9 Emergency exit stairs are adequately lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.10 Fire doors closed but not locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4.11 Exit signs in place and illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.12 Exit doors marked and clearly labelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.13 Exit doors can be opened from inside (no padlocks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.14 Exit corridors clear of obstructions? Including outside of building?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5. ELECTRICAL</b>					
5.1 Electrical items are tested and tagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
5.2 No broken plugs, sockets or switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
5.3 No frayed or damaged cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

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5.4 No temporary or makeshift leads/power boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
5.5 No use of adaptors/piggy bank appliances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>6. LIGHTING</b>					
6.1 There is adequate lighting for task work?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.2 Glare and reflection is controlled to acceptable levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.3 Area lighting is steady (no flickering light)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.4 Emergency lighting is available in rooms without windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>7. WORK PRACTICES</b>					
7.1 There is no unnecessary or excessive bending or stooping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
7.2 Work surfaces (desks, benches) are set up at the appropriate height?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

