# Workplace Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Department |  | Date |  |

| **Item** | **Y/N** | **Comment** | **Action** | **Who / due** | **Done date** |
| --- | --- | --- | --- | --- | --- |
| **Floors** | | | | | |
| Floors are even and clean |  |  |  |  |  |
| Pits and drains are covered |  |  |  |  |  |
| Floor is free of obstructions |  |  |  |  |  |
| Mats are in good condition |  |  |  |  |  |
| Work areas are clean |  |  |  |  |  |
|  |  |  |  |  |  |
| **Aisles** | | | | | |
| Clear are adequately marked |  |  |  |  |  |
| Clear of obstructions |  |  |  |  |  |
|  |  |  |  |  |  |
| **Work areas** | | | | | |
| Bench tops are clear of debris |  |  |  |  |  |
| Trash and scraps are cleaned up |  |  |  |  |  |
| Sufficient number of trash/recycle bins |  |  |  |  |  |
| No damaged utensils |  |  |  |  |  |
| No damaged power tools |  |  |  |  |  |
|  |  |  |  |  |  |
| **Stairs and landings** | | | | | |
| Treads or rails show no damage |  |  |  |  |  |
| Landings are clear |  |  |  |  |  |
|  |  |  |  |  |  |
| **Windows and doors** | | | | | |
| Clean with no broken panes |  |  |  |  |  |
| Ledges are free of dust |  |  |  |  |  |
|  |  |  |  |  |  |
| **Electrical** | | | | | |
| No more than one extension cord or power bar between the wall socket and a device or tool |  |  |  |  |  |
| All electrical items are tagged |  |  |  |  |  |
| Electric cables are clear of water |  |  |  |  |  |
| Electrical panels have 1-metre clearance |  |  |  |  |  |
| All lights work properly |  |  |  |  |  |
|  |  |  |  |  |  |
| **Tools and equipment** | | | | | |
| Good condition |  |  |  |  |  |
| Appropriate to task |  |  |  |  |  |
| Storage is adequate |  |  |  |  |  |
|  |  |  |  |  |  |
| **Substances** | | | | | |
| MSDS available |  |  |  |  |  |
| PPE where needed |  |  |  |  |  |
|  |  |  |  |  |  |
| **Manual handling** | | | | | |
| Equipment is available |  |  |  |  |  |
| Supplies are stored properly |  |  |  |  |  |
| Bench heights are suitable |  |  |  |  |  |
|  |  |  |  |  |  |
| **Emergency** | | | | | |
| Fire exits are clear |  |  |  |  |  |
| Exit signs work properly |  |  |  |  |  |
| Extinguishers are clearly accessible |  |  |  |  |  |
| Extinguishers are charged |  |  |  |  |  |
|  |  |  |  |  |  |
| **First aid** | | | | | |
| First aid kit is complete |  |  |  |  |  |
| First aid people are trained |  |  |  |  |  |
| Emergency numbers are displayed |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other** | | | | | |
| Gas cylinders are stored properly |  |  |  |  |  |