



Workplace Health & Safety Checklist

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Safety Checklist

An important part of managing your business is to ensure the health and safety of your employees and other people, such as customers, visitors or trades people who visit your workplace. The Workplace Health and Safety Act 1995 requires you to ensure your workplace is safe.

To ensure you fulfill your obligation for a safe workplace, you need to become aware of what can cause harm and then take action to ensure no one is at risk while they are in your workplace. The following questions will help you evaluate how well you are currently managing safety in your workplace.

- Do you talk to your employees about safety issues? Yes No
- Do you encourage your employees to report safety problems? Yes No
- Do you regularly inspect your workplace to identify safety problems? Yes No
- Do you fix identified problems? Yes No
- Do you ensure that all work is carried out safely? Yes No

The checklists in this kit are designed to help you answer YES to all these questions. They will help you identify the safety risks in your workplace and suggest how to make your workplace safer. Not all the checklists may be relevant to your workplace, or you may find that some questions in a particular checklist do not apply to your operations. Therefore, use only those checklists and answer the questions that relate to safety issues in your own workplace.

When using the checklists, please involve your employees as they are the most affected by safety issues and they can help you identify the best safety solutions. Also, by involving your staff you are meeting your obligation under the *Workplace Health and Safety Act 1995* to consult your employees on workplace safety issues.

Safety Checklist – Slips, Trips and Falls

Slips, trips and falls account for nearly a quarter of workplace injuries. You must ensure that your workplace is maintained free of hazards that cause these incidents. This checklist will help you prevent these types of injuries.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____	Initial: _____	
Position Title: _____		
Floors	Yes	No
Are floor surfaces free of water, ice, oil or other fluids?		
Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes).		
Are ramps designed to prevent slips and falls?		
Are lawn areas free of holes, protrusions and excessively worn patches?		
Are concrete paths even and slip free in wet weather?		
Are timber surfaces free of splinters or decay including loose nails?		
Housekeeping	Yes	No
Are walkways and doorways clear of boxes, extension cords and litter?		
Are spills cleaned up immediately?		
Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified?		
Stairs	Yes	No
Are stairways kept clear of boxes, equipment and other obstructions?		
Is the tread on stairs adequate to minimise slipping?		
Is the foot-space on each stair adequate?		
Lighting	Yes	No
Are work areas, walkways and stairs well lit?		
Does the lighting enable workers to move between indoor and outdoor tasks safely?		
Footwear	Yes	No
Is the footwear worn by workers suitable for the workplace?		

Safety Checklist – Emergency Procedures

As part of your responsibility to ensure the safety of people in your workplace, you are required to make arrangements for a safe and rapid evacuation in case of an emergency. This checklist will help you develop your emergency procedures. If you share your workplace or worksite with other businesses, you can use the checklist to coordinate your emergency response with them.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____	Initial: _____	
Position Title: _____		
Have you Identified emergencies that may require an evacuation of the working area?	Yes	No
For example fire, explosion, chemical spills, bomb threat, flooding		
Responsibility	Yes	No
Have you nominated a person(s) to be responsible for managing the evacuation?		
Signal to Evacuate	Yes	No
Have you identified what signal(s) will be used to start evacuation?		
Have you identified where these signals will be located?		
Is someone authorised to be responsible for activating the signal?		
Evacuation Procedure	Yes	No
Have you identified how people will evacuate from the workplace? (eg. the shortest and most direct route to safety, the routes people should use, how people with disabilities would evacuate?)		
Do you have an assembly place after evacuation?		
Have you identified the checks that should be followed to ensure everyone is accounted for?		
Have you identified a signal that gives the all clear to return, and nominated who will give it?		
Re-Entry	Yes	No
Have you established re-entry management procedures?		
Your Emergency Procedures	Yes	No
Are emergency procedures displayed in your workplace?		
Are all employees aware of the emergency procedures?		

Safety Checklist – Electrical

Electricity has great potential to seriously injure and kill. As electricity is invisible it is even more dangerous. You have a responsibility to ensure the electrical fittings and electrical equipment in your workplace is safe, and inspected and maintained regularly. This checklist will help you manage the risk of injury from electricity.

NOTE: If you mark NO box on the checklist you need to take action to make your workplace safe.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____	Initial: _____	
Position Title: _____		
Electrical switchboards and equipment	Yes	No
Are switchboards, electrical equipment in a safe condition?		
Is portable electrical equipment protected by safety switches? (This safety measure is mandatory for construction work).		
Power Points, Light Fittings and Switches	Yes	No
Are all power points, light fittings and switches in a safe place and free of obvious defects?		
Check if they are mounted securely, there are no loose covers or wires, broken or damaged fittings, or signs of overheating.		
Are main and isolating switches clearly labeled and accessible?		
Power Tools, Flexible Leads and Power Boards	Yes	No
Are power tools, extension leads and power boards maintained in a safe operating condition?		
Check for damaged insulation, water leaks, burn marks, bent or loose pins and fittings.		
An extension leads and power boards located in a safe position to prevent mechanical or other damage?		
Inspection and Maintenance of All Electrical Equipment	Yes	No
Are the electrical fittings and electrical equipment, including portable power tools, regularly inspected and maintained?		

Any faults with electrical fittings and equipment which are identified, should be referred to a Qualified Electrician.

Safety Checklist – Chemicals

Many of the chemicals that are used in many work tasks are hazardous. To manage the risk of hazardous chemicals, the first step to take is to check your supplier if any chemical you is hazardous. If a chemical is a hazardous substance, your supplier must provide a Material Safety Data Sheet which provides information on safety risks and how to manage them. The Material Safety Data Sheet must be made available to your employees and you need to maintain a register of the hazardous substances you use. You must also train all your employees on safe use of a hazardous substance. This checklist gives information on how to manage safety risk of chemicals.

Note: If you mark a NO on the checklist you need to take action to make your workplace safer.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____		Initial: _____
Position Title: _____		
Are chemicals used in the workplace?	Yes <input type="checkbox"/> <i>If yes, please go to the next question</i>	No <input type="checkbox"/> <i>If no, there is no need to complete the checklist below</i>
List below all the chemicals (by product name) that are used in your workplace:		
Product name:	Product name:	
Product name:	Product name:	
Product name:	Product name:	
Fill out the following for each chemical listed above.		
Who is the chemical used for?		
Who uses it?		
	Yes	No
If the chemical clearly labeled?		
Is a Material Safety Data Sheet for hazardous substances needed for this product? (Check with your supplier if uncertain)		
Does the workplace have the Material Safety Data Sheet for these chemicals?		
Are the Material Safety Data Sheets recorded in a Hazardous Substances Register?		
Do employees know about the Material Safety Data Sheets and have access to them?		
Are employees:	(a) Consulted about using the product?	
	(b) Aware of any harmful effects	
	(c) Provided with the correct safety equipment?	
	(d) Training in storage, use, disposal and emergency procedures?	
Does the workplace have appropriate first aid to deal with splashes or other incidents?		

Safety Checklist – Machinery and Equipment

Machinery and equipment, known as plant, are major sources of hazards in the workplace. You must ensure that machinery equipment in your workplace are safe, used properly and maintained in good repair. This checklist will help you address some common safety issues involving machinery and equipment.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____		Initial: _____
Position Title: _____		
Safety Devices	Yes	No
Are machine guards in place on all operating equipment?		
Are belts, pulleys and other rotating parts properly guarded?		
Are emergency stop buttons clearly visible and operational?		
Work and Play Areas	Yes	No
Is there adequate clearance/aisle space around machinery and equipment?		
Are machinery and equipment areas kept clean?		
Is ventilation appropriate and adequate for the work area?		
Are tools and equipment stored in their proper places?		
Is all indoor equipment in satisfactory condition without sharp edges, or splintering?		
Has all Treated Pine equipment been checked or replaced?		
Is outdoor equipment properly designed and safe and properly inspected and maintained on a regular basis?		
Are steel structures free of rust deterioration, instability or structural damages particularly crevice corrosion?		
Are swings including rope/chains in good order and condition?		
In suitable "soft fall" material provided for the safety of children around playground equipment?		
Are all – Play Areas, Lawn Areas, and General Access areas checked by Staff for dangerous items such as used needles, broken glass etc? prior to Children assessing these areas.		
Safe Operation	Yes	No
Are workers trained to operate the use of outdoor equipment both fixed and mobile?		
Are workers supervised to ensure correct operating procedures are followed?		
Is personal protective equipment, for example safety footwear, eyewear, hearing protection, worn by employees and maintained in good condition?		
Is equipment regularly inspected for damage and wear, and maintained in accordance with the manufacturer's instructions?		

Safety Checklist – Manual Handling

Manual Handling is a component of most work tasks. It may involve repetitive movements, lifting and carrying loads, and sedentary work such as using a computer. Manual handling is a major factor in workplace injuries. This checklist will help you address the manual handling issues in your workplace and reduce the risk of injuries due to manual handling.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed: _____ / _____ / _____		
Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace): _____ / _____ / _____		
Name(s) of person(s) who completed checklist: _____	Initial: _____	
Position Title: _____		
Work Tasks	Yes	No
Can all materials and equipment be lifted and carried easily?		
Are mechanical aids such as trolleys, trolley jacks or hoists used?		
Are workers trained in manual handling techniques and the use of mechanical aids?		
Work Equipment	Yes	No
Are work benches at a comfortable height?		
Are chair backs and seat heights adjustable?		
Is office equipment (such as computers screens, desk lamps) adjusted to avoid strain?		
Are storage shelves organised to minimise bending and stretching?		
Work Organisation	Yes	No
Is rotation of tasks used to avoid repetitive work?		
Is work planned to reduce periods of high and low demand?		
Are these sufficient rest breaks?		
Work Area	Yes	No
Is workspace adequate to enable ease of movement?		
Are work items that are regularly used within easy reach?		
Is there sufficient area around machines or equipment to enable access for maintenance and repair?		

Note: In addressing manual handling issues you need to consider *redesigning* the work processes, work environment or objects to be handled to *eliminate* manual handling risks. If it is not possible to eliminate the risks, you need to provide *mechanical aids* and *training* to ensure work is carried out in a safe manner.