Scouts Australia NSW Level 1, Quad 3

**WORKPLACE INSPECTION CHECKLIST**

**(OFFICE)**

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SITE

Conduct a systematic inspection of the office *every month* to identify any potential or actual hazards.

***This checklist is to be completed by HS Reps, HS Coordinators together with Supervisors or Managers.***

1. Each item on the checklist should be inspected and requires an answer- either: = Pass = Fail N/A =Non-Applicable.

2. Detail the problem identified when you mark "FAIL" and note the location.

3. Complete the corrective action report.

On completion of the inspection, the checklist must be filed with the relevant site and all or any corrective actions arising from the Inspection are to be communicated and resolved at the next HS Committee meeting or Staff Meeting.

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| Names of people completing the inspection |  | | |
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| Signatures |  | | |
|  | | |
| Location of Inspection |  | Date of Inspection |  |

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| **1.0** | **HEALTH & SAFETY** | /  / **N/A** | **COMMENTS** |
| 1.1 | The following information is current and permanently displayed on official site safety board:   * Work Group & HSR names * WHS Policy * Safety Alerts to site safety matters * Emergency Services No.s (Fire, Ambulance & Police) * After Hours Contact No. Manager/Supervisor * Emergency Wardens/First Aider details * Emergency Evacuation Floor Plan * Emergency Response Plan * Monthly Safety KPI Results * Relevant Minutes from Safety Committee/Staff Meeting * Hazard & Incident Reporting Flowchart * Management Safety Memos & Notices * Relevant Health Promotion Information |  |  |

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| **2.0** | **OFFICE FLOORS** | /  / **N/A** | **COMMENTS** |
| 2.1 | Access to all offices free from rubbish and obstructions |  |  |
| 2.2 | Is accumulated dust evident in utility rooms? |  |  |
| 2.3 | Satisfactory ventilation in areas |  |  |
| 2.4 | Satisfactory lighting above immediate work areas |  |  |
| 2.5 | Aisles /Walkways clear and free of obstruction |  |  |
| 2.6 | No frayed or torn carpet in office areas |  |  |

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| **3.0** | **ELECTRICAL** | /  / **N/A** | **COMMENTS** |
| 3.1 | No broken socket, plugs or switches |  |  |
| 3.2 | No obvious overload of electrical circuits |  |  |
| 3.3 | No frayed or defective leads |  |  |
| 3.4 | Electrical leads tested and tagged where appropriate |  |  |
| 3.5 | No cabling issues (i.e. unbundled and across walkways) |  |  |

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| **4.0** | **FIRST AID** | /  / **N/A** | **COMMENTS** |
| 4.1 | First Aid kit accessible and fully stocked |  |  |
| 4.2 | Register of injuries located with kit |  |  |
| 4.3 | First Aider’s names displayed at kit locations |  |  |
| 4.4 | First Aider’s location and phone numbers displayed |  |  |
| 4.5 | Details of supplier to restock items after use |  |  |
| 4.6 | Cabinets and contents clean and orderly |  |  |

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| **5.0** | **KITCHEN AREAS** | /  / **N/A** | **COMMENTS** |
| 5.1 | Fridge /Microwaves clean |  |  |
| 5.2 | Perishable food items within use by date |  |  |
| 5.3 | Cupboards / drawers in good condition |  |  |
| 5.4 | Satisfactory lighting in area |  |  |
| 5.5 | General preparation surfaces clean |  |  |
| 5.6 | Floor surfaces clean |  |  |
| 5.7 | Facilities to wash up in a hygienic manner/condition |  |  |
| 5.8 | Rubbish bins emptied daily |  |  |

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| **6.0** | **STAIRS AND STEPS** | /  / **N/A** | **COMMENTS** |
| 6.1 | No worn or broken steps/stairs |  |  |
| 6.2 | No broken handrails evident |  |  |
| 6.3 | Steps, stairs and landings clear and unobstructed |  |  |
| 6.4 | Adequate lighting on steps, stairs and landings |  |  |
| 6.5 | Non-slip treads in good condition |  |  |

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| **7.0** | **TRAINING/MEETING ROOMS** | /  / **N/A** | **COMMENTS** |
| 7.1 | Seating appropriate for people |  |  |
| 7.2 | No cabling issues – i.e. unbundled and across walkways |  |  |
| 7.3 | Lighting in room satisfactory |  |  |
| 7.4 | No frayed/torn carpet in office areas |  |  |

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| **8.0** | **AMENITIES** | /  / **N/A** | **COMMENTS** |
| 8.1 | Men’s/Women’s washrooms clean |  |  |
| 8.2 | Toilets clean |  |  |
| 8.3 | Appropriate signage in place – Ladies/Gents |  |  |
| 8.4 | Waste Bins in toilets and emptied daily, |  |  |

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| **9.0** | **WORKPLACE ERGONOMICS** | /  / **N/A** | **COMMENTS** |
| 9.1 | Workstation and seating design adequate |  |  |
| 9.2 | Work areas set up to prevent undue twisting of the neck/trunk |  |  |
| 9.3 | Chairs are of appropriate height. |  |  |

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| **10.0** | **FIRE PROTECTION** | /  / **N/A** | **COMMENTS** |
| 10.1 | Extinguishers in place and clearly marked for fire type |  |  |
| 10.2 | Fire Extinguishers secured and mounted to wall |  |  |
| 10.3 | Appropriate signage displayed above extinguishers |  |  |
| 10.4 | Emergency exit signage in place |  |  |
| 10.5 | Emergency exit lights above exit doors illuminated |  |  |
| 10.6 | List of Fire Wardens displayed |  |  |
| 10.7 | All fire exits Are clear of obstructions |  |  |
| 10.8 | Fire extinguishers, hose reels and fire hydrants – tested and tagged. |  |  |

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| **EXTRA COMMENTS** |
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**CORRECTIVE ACTION REPORT**

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| **ITEM #** | **CORRECTIVE ACTION /CONTROL** | **RESPONSIBILITY** | **DUE**  **DATE** | **COMPLETED**  **BY** |
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**SIGN OFF**

**Site Manager Date**

**Site H&S Rep/Coordinator Date**