

Workplace Inspection Checklist

Workplace Inspection Checklist to be completed each week for the duration of the works.

Workplace Inspection						
Workplace				Date		
Inspected By				Signature		
Item	Item Correct Yes No n/a	Action Priority 1 2 3	Action By	Close Out By	Close Out Date	
Access/Egress						
Paths clear and defined (signage tape, other)	Yes No n/a	1 2 3				
Excluded areas are barricaded and signage displayed	Yes No n/a	1 2 3				
Electrical						
Electrical equipment tested & tagged	Yes No n/a	1 2 3				
Register of tagging current	Yes No n/a	1 2 3				
Power sources are RCD protected	Yes No n/a	1 2 3				
Portable Residual Current Device (RCD) tested/ tagged	Yes No n/a	1 2 3				
First Aid/Emergency/Injury						
First aid kit provided with stock refreshed	Yes No n/a	1 2 3				
First Aid Officer available	Yes No n/a	1 2 3				
Evacuation procedure in place and displayed	Yes No n/a	1 2 3				
Emergency contacts displayed	Yes No n/a	1 2 3				
Fire extinguisher/equipment available	Yes No n/a	1 2 3				
Manual Handling						
SWMS followed	Yes No n/a	1 2 3				
Aids in use (e.g trolleys)	Yes No n/a	1 2 3				
Training/job rotation undertaken	Yes No n/a	1 2 3				
Hazardous Substances/Dangerous Goods						
Register current	Yes No n/a	1 2 3				
MSDS available	Yes No n/a	1 2 3				
SWMS lists precautions for use	Yes No n/a	1 2 3				
Stored as per MSDS	Yes No n/a	1 2 3				
Housekeeping						
Work area lit	Yes No n/a	1 2 3				

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Materials are suitably stacked	Yes	No	n/a	1	2	3			
Bins available & in use	Yes	No	n/a	1	2	3			
Signage is in place	Yes	No	n/a	1	2	3			
Lead magangement in place	Yes	No	n/a	1	2	3			
Personal Protective Equipment									
Is being used when required under SWMS	Yes	No	n/a	1	2	3			
Correctly used by employees	Yes	No	n/a	1	2	3			
Plant & Equipment									
Plant register current	Yes	No	n/a	1	2	3			
Maintenance records provided	Yes	No	n/a	1	2	3			
Daily log book completed	Yes	No	n/a	1	2	3			
Operator ticketed/competency verified	Yes	No	n/a	1	2	3			
SWMS followed	Yes	No	n/a	1	2	3			
Training									
All employees have:									
- Site specific induction training	Yes	No	n/a	1	2	3			
- General construction induction (whitecard training)	Yes	No	n/a	1	2	3			
- Work activity (SWMS) training	Yes	No	n/a	1	2	3			
- relevant competencies									
Other									
.....	Yes	No	n/a	1	2	3			
.....	Yes	No	n/a	1	2	3			
.....	Yes	No	n/a	1	2	3			
.....	Yes	No	n/a	1	2	3			
.....	Yes	No	n/a	1	2	3			
.....	Yes	No	n/a	1	2	3			
All items noted for correction have been rectified									
Name							Signed		
Date							Time		