



Safety Representatives

Workplace Inspection Checklist

Safety Representatives Health & Safety Checklist

Date & Time of Inspection: _____ Location: _____

Safety Rep/s taking part in inspection: _____

Record that an inspection by a Safety Representative or Representatives has taken place

Fire	Yes	No	N/A	Comments
1. Extinguishers serviced annually, visible and accessible?				
2. Access and egress is clear of obstruction and are accessible?				
3. Notices and signs are visible and legible?				
4. Fire Doors are clearly marked and kept closed?				
5. Procedures are clearly posted and visible?				
6. Evacuation is tested annually?				
First Aid	Yes	No	N/A	Comments
1. First Aiders are identified and photo board is currently up to date?				
2. Number of First Aiders is sufficient for the workplace as indicated by risk assessment?				
3. First Aid boxes are stocked and easily accessible?				
4. Buzzer is in working order (test call)?				
5. Eyewash fountains are in working order and easily accessible?				
6. Eyewash bottles are accessible, in date and bottle tops are unbroken?				
7. First Aid signs are clearly visible?				
Lighting	Yes	No	N/A	Comments
1. Lighting is both suitable and sufficient for tasks?				
2. Lights are in working order?				
3. Light switches are easily accessible?				
Cleanliness	Yes	No	N/A	Comments
1. Workplace clean and orderly?				
2. Waste materials not allowed to accumulate?				
Floor and traffic routes	Yes	No	N/A	Comments
1. Holes or uneven ground?				
2. Slippery surfaces?				
3. Obstructions on designated routes?				
4. Pedestrians protected from traffic?				

Falls and falling objects	Yes	No	N/A	Comments
1. Suitable and effective measures in place?				
2. Scaffolding built by competent person, inspected daily before use and scafftag in place?				
3. Scaffolding has toeboards fitted above 2 metres?				
4. Access equipment is being used correctly?				
5. Harness systems are being used correctly?				
Sanitary and Conveniences	Yes	No	N/A	Comments
1. Area is ventilated effectively?				
2. Toilet cubicles and urinals are clean and in an orderly condition?				
Washing Facilities	Yes	No	N/A	Comments
1. Area is ventilated effectively?				
2. Area is clean and in an orderly condition?				
3. Hot and cold water are available?				
4. Soap and protection cream are available?				
5. Towels or hand driers are available?				
Drinking Water	Yes	No	N/A	Comments
1. Fresh and clean water is available?				
2. Water dispenser is in a clean state?				
Facilities for Rest / Eating	Yes	No	N/A	Comments
1. Area is in a clean and orderly condition?				
2. Microwave is in a clean condition?				
3. Radio frequency emission inspection is in date?				
4. Fridge is clean and in an orderly condition?				
Chemicals and Substances	Yes	No	N/A	Comments
1. Safety data sheets are available and easily accessible?				
2. COSHH assessments have been raised and are easily accessible?				
3. Appropriate safe system of work has been raised and is easily accessible?				
4. Chemicals are stored and used in correctly labelled containers?				
5. Correct PPE is available and is being correctly used?				
Movement of People on the Level	Yes	No	N/A	Comments
1. Designated walk routes?				
2. There are no uneven surfaces?				
3. Poorly lit areas on walkways?				
4. All spillages dealt with promptly?				
5. Appropriate footwear worn?				

Confined Spaces	Yes	No	N/A	Comments
1. Safe system of work in place and being worked to?				
2. Permit to work in operation?				
3. Personnel both currently trained and medically cleared (Tandem CS2 / CS3 / BAT)?				
4. Check correct PPE is available and being used and worn properly?				
5. Are there rescue measures that can be put into action immediately?				
6. Is the rescue team trained in rescue techniques?				
Vehicles	Yes	No	N/A	Comments
1. Competent person driving /operating with up to date permit?				
2. Instruction both visible and legible?				
3. Vehicle is serviced regularly and emission checks up to date?				
4. Vehicle daily log /defect book in use?				
Work Equipment	Yes	No	N/A	Comments
1. Risk assessment has been carried out?				
2. Safe system of work in place for equipment?				
3. Guard fitted and being used correctly?				
4. Emergency stop button in accessible position if required?				
5. Using correct tool for the job being performed?				
6. Equipment being used by a competent person?				
7. Correct PPE is available and being used correctly?				
8. Test certificates still in date if required?				
Electricity	Yes	No	N/A	Comments
1. Is electrical equipment chosen suitable for its working environment?				
2. Is electrical equipment safe and then maintained in a safe condition?				
3. Is test date still validated?				
4. Is fixed machinery provided with an accessible and clearly identified switch to cut off in an emergency?				
5. Are personnel working on electrical systems / equipment competent for the task being performed?				

Lifting Operations and Equipment	Yes	No	N/A	Comments
1. Equipment is clearly marked to indicate its safe working load?				
2. Lifting equipment designed for lifting persons is appropriately and clearly marked?				
3. Lifting equipment not designed for lifting persons, which may be used in error is clearly marked to the effect that it is not designed for lifting persons?				
4. Have all lifting operations been risk assessed before the operation begins?				
5. Is every lifting operation involving lifting equipment appropriately supervised and carried out in a safe manner?				
6. Is a thorough examination of lifting equipment for lifting persons carried out at least every 6 months?				
7. Is a thorough examination of lifting equipment other than for lifting persons carried out at least every 12 months?				
8. Are the operator, slinger, and banks man competent persons?				
9. Is the lifting tackle inspection identification colour code being used current?				
Display Screen Equipment	Yes	No	N/A	Comments
1. Has a risk assessment on the workstations been carried out?				
2. Has DSE user received training and / or information on safe use?				
3. Are free eye tests given when requested by persons who habitually use DSE for a significant part of their normal work?				
Documentation	Yes	No	N/A	Comments
1. Fire certificate (held by H&S Dept.) is current & layout is correct?				
2. Certificate of employers' liability insurance is current & displayed?				
3. Risk assessments: <i>Copy is signed, has been reviewed at least annually or after accident/ incident.</i>				
4. Safe system of work: <i>Has the system been raised following a RA & is the system being followed?</i>				
5. Safety data sheet is available and easily accessible and latest issue?				
6. Equipment test certificate and maintenance records are current and valid?				
7. Machinery test certificate and maintenance records are current and correct?				

Other Items	Yes	No	N/A	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

This record does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory in areas not covered by this record.

Record of receipt of Inspection Form by the Employer (Or his Representative)

Signature: _____

Date: _____