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Information

Audit Title

Document No.

Client / Site

Conducted on



Prepared by

Location



Personnel

1.0 - Previous inspection

1.1 - Has the last inspection been reviewed?

Yes No N/A

1.2 - Are there no outstanding actions?

Yes No N/A

SWMS and MSDS

Are the MSDS in place and up to date

Yes No N/A

2.0 - Fire Prevention

2.1 - Evacuation plan displayed and understood by all employees?

Yes No N/A

2.2 - Evacuation procedures discussed regularly? (3 to 4 times a year)

Yes No N/A

2.3 - Extinguishers in place, clearly marked for type of fire?

Yes No N/A

2.4 - Extinguishers recently serviced? (Check 6 monthly punch mark on tabs.)

Yes No N/A

2.5 - Extinguishers clear of obstructions?

Yes No N/A

2.6 - Extinguisher no more than 1200 mm max height & base not lower than 100 mm?

Yes No N/A

2.7 - Indicator signs 2.1 m above floor level?

Yes No N/A

2.8 - Adequate direction notices for fire exits?

Yes No N/A

2.9 - Exit doors easily opened from inside?

Yes No N/A

2.10 - Exits clear of obstructions?

Yes No N/A

2.11 - Fire alarm system functioning correctly?

Yes No N/A

3.0 - General Lighting

3.1 - Good natural lighting?

Yes No N/A

3.2 - Reflected light from walls & ceilings not causing glare to employees?

Yes No N/A

3.3 - Light fittings clean and in good condition?

Yes No N/A

3.4 - Emergency exit lighting operable?

Yes No N/A

4.0 - Building Safety

4.1 - Floor surfaces even and uncluttered?

Yes No N/A

4.2 - Entry and walkways kept clear?

Yes No N/A

4.3 - Walkways adequately and clearly marked?

Yes No N/A

4.4 - Intersections kept clear of boxes etc?

Yes No N/A

4.5 - Stair and risers kept clear?

Yes No N/A

4.6 - Are liquid spills removed quickly?

Yes No N/A

4.7 - Are railings in good condition?

Yes No N/A

4.8 - Are fall preventive measures in place and used where gaps occur in railings?

Yes No N/A

4.9 - Are footpaths in good condition?

Yes No N/A

4.10 - Furniture in sound condition?

Yes No N/A

4.11 - Loading area clean and tidy?

Yes No N/A

5.0 - Work Benches

5.1 - Clear of rubbish?

Yes No N/A

5.2 - Tools not in use kept in place?

Yes No N/A

5.3 - No damaged hand tools in use?

Yes No N/A

5.4 - No damaged power tools in use?

Yes No N/A

5.5 - Work height correct for the type of work and the employee?

Yes No N/A

5.6 - No sharp edges?

Yes No N/A

6.0 - Rubbish Removal

6.1 - Bins located at suitable points around site?

Yes No N/A

6.2 - Bins emptied regularly?

Yes No N/A

6.3 - Oily rags and combustible refuse in covered metal containers?

Yes No N/A

7.0 - Storage Design and Use

7.1 - Materials stored in racks and bins wherever possible?

Yes No N/A

7.2 - Storage designed to minimise lifting problems?

Yes No N/A

7.3 - Floors around racking clear of rubbish?

Yes No N/A

7.4 - General condition of racks and pallets?

Yes No N/A

8.0 - Machines

8.1 - Are they kept clean?

Yes No N/A

8.2 - Are the floors around the machines kept clean?

Yes No N/A

8.3 - Guards in good condition?

Yes No N/A

8.4 - Starting and stopping devices within easy reach of operator?

Yes No N/A

8.5 - Waste/off cuts removed and stored safely?

Yes No N/A

8.6 - Drip pans on floor to prevent spillage?

Yes No N/A

8.7 - Adequate work space?

Yes No N/A

8.8 - Is lighting adequate?

Yes No N/A

8.9 - Noise levels controlled?

Yes No N/A

8.10 - No bending or stooping required?

Yes No N/A

8.11 - Duck-boards in good repair?

Yes No N/A

8.12 - Operators trained/inducted into the operation of the machines?

Yes No N/A

8.13 - Is the training recorded?

Yes No N/A

8.14 - Do operators comply with the training?

Yes No N/A

8.15 - Are lockout procedures implemented and followed?

Yes No N/A

8.16 - Are gas bottles secured?

Yes No N/A

9.0 - Electrical Safety

9.1 - Safety switches installed?

Yes No N/A

9.2 - Safety switches tested every 6 months and tests recorded?

Yes No N/A

9.3 - No double adapters in use?

Yes No N/A

9.4 - Portable equipment tested and tagged?

Yes No N/A

9.5 - No broken plugs, sockets or switches?

Yes No N/A

9.6 - No power leads across walkways?

Yes No N/A

9.7 - No frayed or damaged leads?

Yes No N/A

9.8 - No strained leads?

Yes No N/A

9.9 - Portable power tools in good condition?

Yes No N/A

9.10 - Where required are emergency shut-down procedures in place?

Yes No N/A

10.0 - Chemical Safety

10.1 - Hazardous Substance Register complete and available?

Yes No N/A

10.2 - Material Safety Data Sheets available for all chemicals?

Yes No N/A

10.3 - Risk assessments completed for hazardous substances?

Yes No N/A

10.4 - All containers labelled correctly?

Yes No N/A

10.5 - Unused substances disposed of?

Yes No N/A

10.6 - Do special storage conditions apply?

Yes No N/A

10.7 - If applicable are special storage conditions followed?

Yes No N/A

10.8 - Workers trained in the use of hazardous substances?

Yes No N/A

10.9 - If required is PPE available?

Yes No N/A

10.10 - Is adequate ventilation provided?

Yes No N/A

10.11 - Are eye washes and showers easily accessed?

Yes No N/A

11.0 Ladders

11.1 - Are all ladders Industrial strength? (Non Household rated, check label.)

Yes No N/A

11.2 - Are ladders in good condition?

Yes No N/A

11.3 - If used for electrical work are they non conductive? (Wood or fibre glass.)

Yes No N/A

11.4 - Used according to instructions?

Yes No N/A

11.5 - For extension ladders are ropes, pulleys and treads in a good state of repair?

Yes No N/A

12.0 - First Aid Facilities

12.1 - Are cabinets and contents clean and orderly?

Yes No N/A

12.2 - Are contents regularly checked?

Yes No N/A

12.3 - No contents past their expiry date?

Yes No N/A

12.4 - Cabinets clearly labelled?

Yes No N/A

12.5 - Is there easy access to cabinets?

Yes No N/A

12.6 - Employees aware of location of first aid cabinet?

Yes No N/A

12.7 - Are first aid officers accessible?

Yes No N/A

12.8 - Are emergency numbers displayed?

Yes No N/A

13.0 - Office Hazards

13.1 - Condition of filing cabinets?

Yes No N/A

13.2 - Condition of chairs? (Five star bases.)

Yes No N/A

13.3 - Desks in good condition? (No damage.)

Yes No N/A

13.4 - Screen Based Equipment positioned to reduce glare from windows etc?

Yes No N/A

13.5 - Photocopiers positioned to avoid fumes?

Yes No N/A

13.6 - Tasks designed to prevent Occupational Overuse Syndrome? (Breaks included.)

Yes No N/A

13.7 - Air conditioning systems regularly maintained?

Yes No N/A

13.8 - Stable non-slip floor coverings in good condition?

Yes No N/A

Delivery Vehicle Condition

14.1 - Schedule maintenance performed?

Yes No N/A

14.2 - Condition of tyres?

Yes No N/A

14.3 - Brake performance?

Yes No N/A

14.4 - Lights? (Check operation of brake, indicator and reversing lights)

Yes No N/A

14.5 - Condition of drivers seat?

Yes No N/A

14.6 - Condition of other seats?

Yes No N/A

Yes No N/A

14.7 - First aid kit supplied and adequate?

Yes No N/A

14.8 - Storage provisions?

Yes No N/A

Yes No N/A

Condition of A frame

Yes No N/A

Condition of ropes or tie down straps

Yes No N/A

Sign Off

Client name



Auditor signature



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