**WORKPLACE INSPECTION CHECKLIST HIGH / LOW CARE**

*To be customised to suit specific site environment*

|  |  |
| --- | --- |
| NAME OF WORKSITE / LOCATION:       | DATE:       |
| AREA INSPECTED:       | INSPECTED BY:       |
| FIRE / EMERGENCY | YES | NO | N/A | ACTION / COMMENTS |
| Firefighting equipment (extinguishers, blankets, hose reels) clearly visible and suitable signage in place? (distance visible from 20 m) | [ ]  | [ ]  | [ ]  |       |
| Is the access to the firefighting equipment (extinguishers, blankets, hose reels) unobstructed? (1 m square) | [ ]  | [ ]  | [ ]  |       |
| Firefighting equipment in place (extinguishers, blankets, hose reels), serviced within the last 6 months, tag stamped, correctly charged (fire extinguishers) & clearly marked for type of fire? | [ ]  | [ ]  | [ ]  |       |
| Sprinklers unobstructed? | [ ]  | [ ]  | [ ]  |       |
| Location of all emergency equipment including alarms, emergency shut off devices, showers, eye wash stations, spill kits etc. clearly visible and suitable signage in place? | [ ]  | [ ]  | [ ]  |       |
| Clear access is available to all emergency equipment, including alarms, emergency shutoff devices, showers, eye wash stations and spill kits etc.? | [ ]  | [ ]  | [ ]  |       |
| Are evacuation plans displayed? Are they current (within 5 year date)? Are fire extinguishers clearly marked on the evacuation plans? | [ ]  | [ ]  | [ ]  |       |
| Emergency lighting and exit signs functioning correctly? | [ ]  | [ ]  | [ ]  |       |
| Where a door is designated as an emergency exit, does it open outwards? If the answer is ‘No’ is there a device that enables the door to be held open? | [ ]  | [ ]  | [ ]  |       |
| Exit doors open easily from the inside, without a key? | [ ]  | [ ]  | [ ]  |       |
| Exits free from obstructions? (internally and externally) | [ ]  | [ ]  | [ ]  |       |
| Fire doors close properly? – (not chocked (wedged) open) | [ ]  | [ ]  | [ ]  |       |
| Emergency phone numbers clearly displayed? | [ ]  | [ ]  | [ ]  |       |
| Floors free from defects, clear of leads, cables etc.? | [ ]  | [ ]  | [ ]  |       |
| Glass in door panels & other panels clearly marked? | [ ]  | [ ]  | [ ]  |       |
| ELECTRICAL  | YES | NO | N/A | ACTION / COMMENTS |
| No cracked or broken switches? | [ ]  | [ ]  | [ ]  |       |
| All plug in type electrical equipment fitted with a current inspection & test tag? | [ ]  | [ ]  | [ ]  |       |
| No frayed or damaged leads? | [ ]  | [ ]  | [ ]  |       |
| All electrical cables tied or positioned as to prevent anyone tripping over them? | [ ]  | [ ]  | [ ]  |       |
| Electrical tools and appliances in good condition? | [ ]  | [ ]  | [ ]  |       |
| No double adaptors or piggy back plugs in use? | [ ]  | [ ]  | [ ]  |       |
| Power boards have overload protection (normally a small push button near where the lead is) and powerboards/appliances etc. not suspended from leads? | [ ]  | [ ]  | [ ]  |       |
| No strained leads? | [ ]  | [ ]  | [ ]  |       |
| Electrical leads, tools, appliances etc. well clear of wet/damp conditions? | [ ]  | [ ]  | [ ]  |       |
| Residual Current Devices (RCD’s) or safety switches in place and used where required? | [ ]  | [ ]  | [ ]  |       |
| Electrical leads & extension cords not exposed to risk of damage from traffic, equipment, trolleys, sharp edges, weights etc.? | [ ]  | [ ]  | [ ]  |       |
| Electrical cabinets’ secured and unobstructed access available? | [ ]  | [ ]  | [ ]  |       |
| BIOLOGICAL / INFECTION CONTROL | YES | NO | N/A | ACTION / COMMENTS |
| Are there plastic liners in all garbage bins? | [ ]  | [ ]  | [ ]  |       |
| Are the garbage bins liners changed daily, including weekends? | [ ]  | [ ]  | [ ]  |       |
| Are garbage bins covered? | [ ]  | [ ]  | [ ]  |       |
| Are liquids disposed of according to the Safety Data Sheets? | [ ]  | [ ]  | [ ]  |       |
| Are there special boxes for disposable of needles and sharps? | [ ]  | [ ]  | [ ]  |       |
| Is the garbage bin in the resident’s room used for paper only? | [ ]  | [ ]  | [ ]  |       |
| Is garbage with blood and other specimens in it identified as such? | [ ]  | [ ]  | [ ]  |       |
| Is contaminated garbage autoclaved or incinerated? | [ ]  | [ ]  | [ ]  |       |
| Sharps containers available (close to area of use)? | [ ]  | [ ]  | [ ]  |       |
| Infectious waste disposed appropriately? | [ ]  | [ ]  | [ ]  |       |
| FLOORING | YES | NO | N/A | ACTION / COMMENTS |
| Even surfaces? – No holes, defects etc.? | [ ]  | [ ]  | [ ]  |       |
| Carpet - good condition? No tears? Not bunched? Frayed? | [ ]  | [ ]  | [ ]  |       |
| Tiles – good condition? None loose? Missing? | [ ]  | [ ]  | [ ]  |       |
| Floor boards – good condition? Not loose, firmly secured? | [ ]  | [ ]  | [ ]  |       |
| Clear and unobstructed? Free of rubbish?  | [ ]  | [ ]  | [ ]  |       |
| All spills cleaned up? | [ ]  | [ ]  | [ ]  |       |
| WALKWAYS / PASSAGES | YES | NO | N/A | ACTION / COMMENTS |
| Adequate lighting? | [ ]  | [ ]  | [ ]  |       |
| Floor surface free from defects? | [ ]  | [ ]  | [ ]  |       |
| Free of obstructions? | [ ]  | [ ]  | [ ]  |       |
| Clear of leads, cables etc.? | [ ]  | [ ]  | [ ]  |       |
| Free from blind corners? | [ ]  | [ ]  | [ ]  |       |
| GENERAL LIGHTING | YES | NO | N/A | ACTION / COMMENTS |
| Adequate lighting for activities conducted? | [ ]  | [ ]  | [ ]  |       |
| Good natural lighting? | [ ]  | [ ]  | [ ]  |       |
| No direct or reflected glare? | [ ]  | [ ]  | [ ]  |       |
| Light fittings clean & in good repair? | [ ]  | [ ]  | [ ]  |       |
| All light bulbs / fluorescent tubes working correctly? | [ ]  | [ ]  | [ ]  |       |
| Light covers in place where there is a potential for damage/injury? | [ ]  | [ ]  | [ ]  |       |
| STAFF AMENITIES | YES | NO | N/A | ACTION / COMMENTS |
| Washrooms clean and tidy? | [ ]  | [ ]  | [ ]  |       |
| Toilets clean & tidy? | [ ]  | [ ]  | [ ]  |       |
| Is there adequate provision for sanitary disposal? | [ ]  | [ ]  | [ ]  |       |
| Are sanitary waste receptacles emptied regularly? | [ ]  | [ ]  | [ ]  |       |
| Adequate ventilation provided? | [ ]  | [ ]  | [ ]  |       |
| Lockers clean? | [ ]  | [ ]  | [ ]  |       |
| Meal rooms clean & tidy? | [ ]  | [ ]  | [ ]  |       |
| Does water flow freely down urinal drains? | [ ]  | [ ]  | [ ]  |       |
| HOUSEKEEPING | YES | NO | N/A | ACTION / COMMENTS |
| Work areas kept clean & tidy? | [ ]  | [ ]  | [ ]  |       |
| Does the standard of cleaning appear satisfactory? | [ ]  | [ ]  | [ ]  |       |
| Sufficient waste containers and emptied regularly? | [ ]  | [ ]  | [ ]  |       |
| If cleaning materials are kept in this area, are they kept in locked cupboards? | [ ]  | [ ]  | [ ]  |       |
| STORAGE | YES | NO | N/A | ACTION / COMMENTS |
| Materials & equipment stored safely e.g. heavy items at waist height? | [ ]  | [ ]  | [ ]  |       |
| Shelving – are free standing shelves and cupboards secured to ensure stability, weight ratings visible and items stored at a suitable height and within shelving width? | [ ]  | [ ]  | [ ]  |       |
| Containers – are there suitable containers used for storage, and are they adequately labelled? | [ ]  | [ ]  | [ ]  |       |
| Manual Handling – are staff aware of precautions/techniques to take when lifting or moving objects? | [ ]  | [ ]  | [ ]  |       |
| Floors in storage areas are free of rubbish & packing? | [ ]  | [ ]  | [ ]  |       |
| Storage areas uncluttered? | [ ]  | [ ]  | [ ]  |       |
| Do storage rooms have signs? | [ ]  | [ ]  | [ ]  |       |
| RESIDENT TOILETS | YES | NO | N/A | ACTION / COMMENTS |
| Is waste removed daily? | [ ]  | [ ]  | [ ]  |       |
| Are all cisterns working satisfactorily and are they free of leaks? | [ ]  | [ ]  | [ ]  |       |
| Is the use of deodorant blocks kept to a minimum? | [ ]  | [ ]  | [ ]  |       |
| Do taps open and close easily and they are not damaged? | [ ]  | [ ]  | [ ]  |       |
| Is there adequate drainage? | [ ]  | [ ]  | [ ]  |       |
| Is toilet paper available? | [ ]  | [ ]  | [ ]  |       |
| Is soap available for hand washing? | [ ]  | [ ]  | [ ]  |       |
| Is the standard of cleaning satisfactory? | [ ]  | [ ]  | [ ]  |       |
| RESIDENT BATHROOMS | YES | NO | N/A | ACTION / COMMENTS |
| Are wet areas adequately drained and kept clear and clean? | [ ]  | [ ]  | [ ]  |       |
| Are warning signs used when necessary to warn of wet floors? | [ ]  | [ ]  | [ ]  |       |
| Do shower heads flow freely? | [ ]  | [ ]  | [ ]  |       |
| Is the drainage adequate? | [ ]  | [ ]  | [ ]  |       |
| Is the standard of cleaning satisfactory? | [ ]  | [ ]  | [ ]  |       |
| HAZARDOUS CHEMICALS | YES | NO | N/A | ACTION / COMMENTS |
| Hazardous Chemical Register available? | [ ]  | [ ]  | [ ]  |       |
| Chemicals are clearly labelled? | [ ]  | [ ]  | [ ]  |       |
| Chemicals stored in designated storage areas? | [ ]  | [ ]  | [ ]  |       |
| Decanted bottles containing hazardous or other substances are labelled? | [ ]  | [ ]  | [ ]  |       |
| PPE available, maintained and good working order? | [ ]  | [ ]  | [ ]  |       |
| Storage areas clean and dry? | [ ]  | [ ]  | [ ]  |       |
| Safety Data Sheets (SDS’s) available? | [ ]  | [ ]  | [ ]  |       |
| Hazardous chemicals risk assessed, where required? | [ ]  | [ ]  | [ ]  |       |
| MANUAL HANDLING | YES | NO | N/A | ACTION / COMMENTS |
| Is there a trolley etc. readily available to move heavy items?  | [ ]  | [ ]  | [ ]  |       |
| Is there a suitable step ladder/stool readily available when reaching items in high places? Is the step ladder minimum 120 kg rated? | [ ]  | [ ]  | [ ]  |       |
| Is the equipment provided in good working order? | [ ]  | [ ]  | [ ]  |       |
| WORKSTATION LAYOUT – ERGONOMICS | YES | NO | N/A | ACTION / COMMENTS |
| Adequate space between furniture? | [ ]  | [ ]  | [ ]  |       |
| All items in good condition? | [ ]  | [ ]  | [ ]  |       |
| Desk or bench top correct height for work performed? | [ ]  | [ ]  | [ ]  |       |
| Chair correctly adjusted for user? | [ ]  | [ ]  | [ ]  |       |
| Do chairs have suitable glides or castors (5 wheels) toSuit floor surface? | [ ]  | [ ]  | [ ]  |       |
| Cables secured behind work surface – well clear of feet? | [ ]  | [ ]  | [ ]  |       |
| Footrest available if required? | [ ]  | [ ]  | [ ]  |       |
| Computer screen at correct height? | [ ]  | [ ]  | [ ]  |       |
| EQUIPMENT (wheelchairs / hoists etc.) | YES | NO | N/A | ACTION / COMMENTS |
| In good condition (if unsafe, tagged and taken out of service) | [ ]  | [ ]  | [ ]  |       |
| In use or stored appropriately? | [ ]  | [ ]  | [ ]  |       |
| Suitable for purposed use? | [ ]  | [ ]  | [ ]  |       |
| Maintenance checks/records in place and up to date? | [ ]  | [ ]  | [ ]  |       |
| GAS CYLINDERS | YES | NO | N/A | ACTION / COMMENTS |
| Are cylinders secured properly to prevent tipping? | [ ]  | [ ]  | [ ]  |       |
| Are cylinders stored outside (minimum inside) | [ ]  | [ ]  | [ ]  |       |
| Are the gas cylinders equipped with pressure regulator valves? | [ ]  | [ ]  | [ ]  |       |
| Cylinders in use secured on trolley? | [ ]  | [ ]  | [ ]  |       |
| PERSONAL PROTECTIVE EQUIPMENT | YES | NO | N/A | ACTION / COMMENTS |
| Goggles provided? | [ ]  | [ ]  | [ ]  |       |
| Ear Muffs provided, where relevant? | [ ]  | [ ]  | [ ]  |       |
| Rubber Boots? | [ ]  | [ ]  | [ ]  |       |
| Gloves? | [ ]  | [ ]  | [ ]  |       |
| Reflective Vests? | [ ]  | [ ]  | [ ]  |       |
| Surgical Masks? | [ ]  | [ ]  | [ ]  |       |
| Gowns/Aprons? | [ ]  | [ ]  | [ ]  |       |
| Sunscreen? | [ ]  | [ ]  | [ ]  |       |
| PPE Register in place? | [ ]  | [ ]  | [ ]  |       |
| SECURITY | YES | NO | N/A | ACTION / COMMENTS |
| Security lights working? | [ ]  | [ ]  | [ ]  |       |
| External doors and windows shut and lock securely with ease? | [ ]  | [ ]  | [ ]  |       |
| Locks to external doors & windows easy to operate? | [ ]  | [ ]  | [ ]  |       |
| External self-closing doors shut fully? | [ ]  | [ ]  | [ ]  |       |
| Alarm Systems are operable? Clear sounding? |  |  |  |  |
| WHS & IM POLICY | YES | NO | N/A | ACTION / COMMENTS |
| Current CSH&W SA Policy statement signed & displayed in prominent area. | [ ]  | [ ]  | [ ]  |       |
| OTHER: |
|       |
|       |
|       |
| CORRECTIVE ACTIONS |
| Complete action plan below or use sites corrective action system to implement controls to eliminate or minimise the risk. |
| List the corrective actions | Priority(H, M, L) | By Whom | By When |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |