**WORK ENVIRONMENT & FACILITIES CHECKLIST**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS** | | | | | | | | |
| **Site / Area:** |  | | | | | **Assessment Date:** | |  |
| **Nature of the Workplace & Nature of the Work**  ***(Tick all which apply)*** | | Building or Structure  Outdoor Work  New Workplace  Remote or Isolated Work  Existing Workplace  Work requiring Accommodation  Workplace Owned  Mobile Work  Workplace Leased  Workplace Controlled by Client | | | | | | |
| **What is the anticipated number of workers?** | |  | | | | | | |
| **Describe the activities to be undertaken in the workplace.** | |  | | | | | | |
| **WORK ENVIRONMENT & FACILITIES CHECKLIST** | | | | | | | | |
| *Use this checklist to review the work environment and the adequacy of facilities provided to workers.* | | | | | | | | |
| **1. Consultation** | | | **Yes** | **No** | **NA** | | **Comments** | |
| Have the relevant workers and their representatives been consulted on decisions regarding the adequacy of facilities? | | |  |  |  | |  | |
| Has the relevant client contacts and workers been consulted? | | |  |  |  | |  | |
| **2. Location and Nature of the Workplace** | | | **Yes** | **No** | **NA** | | **Comments** | |
| Is the workplace near appropriate welfare facilities?  Consider the size of the workplace, the area covered. | | |  |  |  | |  | |
| Is the means of access to the facilities safe? | | |  |  |  | |  | |
| Do all workers on all shifts have access to the facilities? | | |  |  |  | |  | |
| **3. Management of Facilities** | | | **Yes** | **No** | **NA** | | **Comments** | |
| Are consumable items, such as soap and toilet paper, replenished or replaced as required? | | |  |  |  | |  | |
| Is broken or damaged infrastructure, such as plumbing, air-conditioning or lighting, repaired promptly? | | |  |  |  | |  | |
| Is equipment and furniture, for example fridges, lockers, and seating, maintained in good condition? | | |  |  |  | |  | |
| Are facilities cleaned regularly, at least daily? | | |  |  |  | |  | |
| 4. Workspace | | | Yes | No | NA | | Comments | |
| Is the entry and exit to the workplace safe? | | |  |  |  | |  | |
| Is there enough space in walkways and around cupboards, storage or doors, in addition to the clear workstation space? | | |  |  |  | |  | |
| 5. Floors | | | Yes | No | NA | | Comments | |
| Is adequate floor covering provided for workers who need to stand for long periods? | | |  |  |  | |  | |
| Are floors maintained to be free of slip and trip hazards? | | |  |  |  | |  | |
| 6. Seating | | | Yes | No | NA | | Comments | |
| Can chairs be adjusted for the needs of individuals and are the chairs appropriate for the work being undertaken? | | |  |  |  | |  | |
| 7. Lighting | | | Yes | No | NA | | Comments | |
| Does the lighting allow workers to move about easily and to carry out their work effectively without adopting awkward postures or eye strain? | | |  |  |  | |  | |
| Does the working environment minimise the amount of glare, contrast or reflection? | | |  |  |  | |  | |
| 8. Air Quality | | | Yes | No | NA | | Comments | |
| Is the temperature of the workplace maintained between 20oC and 26oC (or less if the work is physically active)? | | |  |  |  | |  | |
| Are ventilation & air-conditioning systems serviced and maintained in a safe manner / condition? | | |  |  |  | |  | |
| 9. Exposure to Heat and Cold | | | Yes | No | NA | | Comments | |
| Have all reasonably practicable control measures been implemented to minimise the risks of working in extreme hot or cold conditions? | | |  |  |  | |  | |
| Have workers been trained to recognise unsafe conditions arising from exposure to hot or cold conditions, to follow safe work procedures and to report problems immediately? | | |  |  |  | |  | |
| 10. Drinking Water | | | Yes | No | NA | | Comments | |
| Are the drinking water outlets accessible to workers? | | |  |  |  | |  | |
| Is the water clean, cool and hygienically provided? | | |  |  |  | |  | |
| 11. Toilets / Washrooms | | | Yes | No | NA | | Comments | |
| Are there adequate toilet facilities for workers with disabilities? | | |  |  |  | |  | |
| Are toilets clearly marked, and do they have lockable doors, adequate lighting and ventilation? | | |  |  |  | |  | |
| Are toilets cleaned regularly? | | |  |  |  | |  | |
| Is there adequate toilet paper, hand washing facilities and soap, rubbish bins and sanitary disposal? | | |  |  |  | |  | |
| 12. Hand Washing | | | Yes | No | NA | | Comments | |
| Is hot and cold water, soap or other cleaning product provided? | | |  |  |  | |  | |
| Is hygienic hand drying provided that does not involve workers sharing towels? | | |  |  |  | |  | |
| 13. Dining Facilities | | | Yes | No | NA | | Comments | |
| Is a dining room or dining area required? | | |  |  |  | |  | |
| 14. Personal Storage | | | Yes | No | NA | | Comments | |
| Is there accessible, secure storage at the workplace for workers’ personal property, including any tools provided by a worker? | | |  |  |  | |  | |
| Is it separate from any storage facilities provided for personal protective clothing and equipment? | | |  |  |  | |  | |
| 15. Change Rooms | | | Yes | No | NA | | Comments | |
| Are change rooms provided for workers who are required to change in and out of clothing? | | |  |  |  | |  | |
| Is there enough seating, accessible mirrors, an adequate number of hooks for the numbers of workers changing at one time? | | |  |  |  | |  | |
| 16. Showers | | | Yes | No | NA | | Comments | |
| Are showers provided for workers where the work:   * requires strenuous effort * leaves them dirty or smelly * exposes them to chemicals or bio-hazards? | | |  |  |  | |  | |
| Is there an adjacent dressing area for each shower, containing a seat and hooks, with a curtain or lockable door enclosing the shower and dressing cubicle? | | |  |  |  | |  | |
| Is there clean hot and cold water and soap or other cleaning product? | | |  |  |  | |  | |
| If workers need to shower before leaving the workplace, are towels provided? | | |  |  |  | |  | |
| 17. Outdoor Work | | | Yes | No | NA | | Comments | |
| Are there appropriate procedures to ensure outdoor workers have access to clean drinking water, toilets, dining facilities, hygienic storage of food and water, and emergency and first aid assistance? | | |  |  |  | |  | |
| 18. Remote, Isolated or Mobile Work | | | Yes | No | NA | | Comments | |
| Are there appropriate procedures to ensure that mobile or remote workers have access to clean drinking water, toilets, dining facilities, hygienic storage of food and water, and emergency and first aid assistance? | | |  |  |  | |  | |
| Can mobile or remote workers access emergency communications that are reliable in their location, such as a satellite or mobile phone? | | |  |  |  | |  | |
| 19. Work requiring Accommodation | | | Yes | No | NA | | Comments | |
| Is the accommodation separate from any hazards at the workplace likely to present a risk to the health or safety of a worker using the accommodation? | | |  |  |  | |  | |

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| 20. Emergency Plans | | Yes | | No | NA | Comments | | | | |
| Complete Emergency Preparedness Checklist (054F) to assess Emergency Plan requirements. | |  | |  |  |  | | | | |
| **CORRECTIVE ACTIONS** | | | | | | | | | | |
| **List the corrective actions** | | | | | | | **Priority**  **(H, M, L)** | | **By Whom** | **By When** |
| 1. | | | | | | |  | |  |  |
| 2. | | | | | | |  | |  |  |
| 3. | | | | | | |  | |  |  |
| **Transfer all HIGH Risk Corrective Actions (as a minimum) into the RAPID Database** | | | | | | | | | | |
| **Sign Off** | | | | | | | | | | |
| **Assessment Team** | **Name** | | **Job Title** | | | | | **Signature** | | **Date** |
| **Team Leader** |  | |  | | | | |  | |  |
| Team Member |  | |  | | | | |  | |  |
| Team Member |  | |  | | | | |  | |  |
| Team Member |  | |  | | | | |  | |  |