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| **Inspection Details** |
| Inspection date |  | Management Representative |  |
| Inspection area/s |  | Staff Representative/s |  |

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| **Work Environment – Inside and Outside/Offices and Workshops** | **Yes** | **No** |
| Work areas clean |  |  |
| Floors clean, dry and free of refuse |  |  |
| Floor coverings (including mats at doorways) do not pose any trip or health hazards |  |  |
| Stairs clean, dry and free of refuse |  |  |
| Bins available and emptied regularly  |  |  |
| Fixed Cigarette bins (on the outside of your building/s) are in good working order (fixed properly, no damage) |  |  |
| Cigarette bins are emptied regularly |  |  |
| Cigarette bins are at least 4 metres from doors and are not located near easily combustible materials |  |  |
| There is adequate ‘no smoking signage’ |  |  |
| Walkways and stairs clear of obstructions |  |  |
| Floors/footpaths/work areas of an even surface |  |  |
| There is adequate working space |  |  |
| Stairs have handrails |  |  |
| UV protection is provided for outdoor tasks routinely performed by staff |  |  |
| Airborne contaminants/odours are controlled |  |  |
| Adequate safety signage is in place |  |  |
| Exposure to moving machinery/plant/equipment is eliminated or controlled |  |  |
| Exposure to falling objects (from shelves or elevated work platforms) is eliminated or controlled |  |  |
| Noise levels are controlled so that Workers do not have to shout to be heard |  |  |
| There are no moisture/rain water leaks |  |  |
| Ventilation is adequate/comfortable for Workers in all seasons |  |  |
| Restricted areas are secure |  |  |
| Hazardous areas clearly defined |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Computer Workstation Ergonomics** | **Yes** | **No** |
| WHS F019 Computer Workstation Ergonomic Checklist has been promoted for use by all staff |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Manual Handling** | **Yes** | **No** |
| Repetitive movement tasks are eliminated or other controls are in place |  |  |
| Over reaching/strained positions are eliminated or other controls are in place |  |  |
| Heavy lifting is eliminated or other controls are in place |  |  |
| Heavy objects are stored at approximately waist height if possible |  |  |
| Trollies are available for transporting heavy items (and the trolley is in good working order with surfaces suitable for trolley use) |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Work From Home** | **Yes** | **No** |
| Are there any staff whose primary place of work is off campus (‘working remotely’), or staff that work from home, under the supervision of the Manager responsible for this Checklist? |  |  |
| If yes, have relevant staff completed WHS F031 Off Campus Workplace Inspection Checklist in the last 12 months?  |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Lighting** | **Yes** | **No** |
| Is there adequate lighting for tasks performed? |  |  |
| Is task lighting required? |  |  |
| Are light covers in place and clean? |  |  |
| Do any bulbs need to be replaced? |  |  |
| Is there any glare from lighting or windows that makes work spaces difficult to work in? |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Storage Areas** | **Yes** | **No** |
| Adequate storage facilities so there is no clutter in work spaces |  |  |
| Designated storage areas are fit for purpose  |  |  |
| Storage racks — secure and bolted |  |  |
| Storage areas clear of rubbish |  |  |
| Storage areas are adequately ventilated |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **WHS Notice Boards** | **Yes** | **No** |
| Are there WHS notice boards\* in the work space that all staff can see? |  |  |
| Is the SafeWork NSW ‘If you get injured at work’ poster on each WHS notice board? |  |  |
| \* WHS notice boards should be clearly delegated as such, with no other materials on the board. |
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| **First Aid Facilities** | **Yes** | **No** |
| First Aid kit easily accessible and signposted  |  |  |
| First Aid supplies within their use by date |  |  |
| Are there adequate\* trained first aid personnel in the work area? |  |  |
| First Aid Officers displayed with contact numbers |  |  |
| There is a first aid kit that can be easily carried to assembly points in the event of evacuation |  |  |
| \* As a rule of thumb, there should be 1 First Aider for 50 occupants in low risk environments and 1 First Aider for 25 occupants in high risk environments and should take account of staff absenteeism and after hours utilisation of work areas. |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Emergency Preparedness** | **Yes** | **No** |
| Are evacuation plans:* Prominently displayed where staff and visitors will see?
* Accurately positioned so the map corresponds to position?
* Up to date (reflect floor plan, taking renovations/modifications in to account)?
 |  |  |
| Is there a Building Warden for each building (with Deputy) and is there at least one Floor Warden on each floor? |  |  |
| Warden details are displayed on the WHS notice board |  |  |
| Is there a designated Assembly Point and is it known by staff? |  |  |
| Have the emergency wardens had training of any sort in the last twelve months? |  |  |
| Has an evacuation drill been conducted in the last 12 months? |  |  |
| Exit signs and directions to exits are in place |  |  |
| Exit doors easily opened from the inside |  |  |
| Emergency exits, fire extinguishers and hoses unobstructed |  |  |
| Extinguishers in place, clearly marked for the type of fire, and serviced 6 monthly |  |  |
| Emergency exits and stairs are free from obstructions |  |  |

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| **Electrical Safety - Testing and Tagging** | **Yes** | **No** |
| All portable electronic appliances/devices have been tested and tagged in the last 12 months |  |  |
| All stationary electronic appliances/devices have been tested and tagged in the last 5 years |  |  |
| In workshops, all electrical appliances/devices have been tested and tagged in the last 6 months |  |  |
| In residential areas, all electrical appliances/devices have been tested and tagged in the last 2 years |  |  |
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| **Electrical Safety - Inspection** | **Yes** | **No** |
| Plugs, cables, sockets, switches in good condition |  |  |
| Extension leads and power boards in a safe operating condition and free of damage |  |  |
| Power boards are suitable for situation and each socket is individually switched to prevent arcing (double adaptors not recommended) |  |  |
| Electrical leads positioned to avoid tripping and damage risks |  |  |
| Mobile electrical devices such as battery chargers are checked and free of damage including all laptops, tablets and phone chargers |  |  |
| All static power connections are free of dust build up |  |  |
| Circuit breakers installed |  |  |
| Safety switches installed and tested |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Chemicals and Other Hazardous Substances** | **Yes** | **No** |
| Are there any chemicals/substances that are not for typical domestic use or greater than typical domestic size?  |  |  |
| If yes, are these chemicals registered in ChemWatch\*? |  |  |
| All substances clearly labelled |  |  |
| Gas cylinders clearly labelled, chained and separated during storage, and away from ignition sources |  |  |
| Gas cylinders are transported appropriately with manual handling aides if required |  |  |
| All chemicals/hazardous substances are appropriately stored and separated where necessary |  |  |
| There are adequate waste disposal methods available and used |  |  |
| Appropriate signage is in place |  |  |
| Safety showers are available and are operational |  |  |
| Safety Showers are subject to regular testing |  |  |
| Spill kits are available and maintained and bunding is sufficient |  |  |
| \*ChemWatch is managed by FMS. Please contact FMS help desk at ef-maint@une.edu.au and request a spot check based on a sample size of at least 10% of chemicals in your work area that are non-domestic in nature or domestic in nature but larger than domestic quantities. |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Tools and Equipment** | **Yes** | **No** |
| Correct selection and use for workers tasks (observed at time of inspection) |  |  |
| In good, clean working condition |  |  |
| Stowed adequately when not in use |  |  |
| Adequate equipment/plant/machinery guarding in place |  |  |
| Necessary PPE is available and in good working order |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Welding and Cutting**  | **Yes** | **No** |
| Welding shields provided in welding areas |  |  |
| All leads, hoses, fittings, regulators undamaged |  |  |
| Correct fire extinguishers nearby |  |  |
| Flammable materials/substances protected/isolated |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Lifting Equipment** | **Yes** | **No** |
| Is there a lift equipment maintenance schedule |  |  |
| Chains, slings and blocks in good condition |  |  |
| Chains, slings and blocks stored neatly |  |  |
| Pendant controls clear and legible |  |  |
| Overhead travel areas/paths clear |  |  |

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| **Staff Amenities** | **Yes** | **No** |
| Toilets/washrooms accessible and clean |  |  |
| Washroom consumables available for good hygiene practices |  |  |
| Meal areas accessible, comfortable, clean and hygienic |  |  |
| Lighting sufficient |  |  |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Other** |
| Hazard Identified | Risk Score | Control Measure | Residual Risk Score |
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| **Sign Off** |
| **Sign off from workplace inspection participants indicates agreement with the contents of this document. Sign off is also required by the person responsible for the control measures and subsequent review of control measures (to ensure they are adequate and effective in their intent).** |
| Name | Signature | Date |
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| **Management Review** |
| **The relevant manager must review this risk assessment and ensure control measures are reasonably practicable and implemented, specific to the work environment under their control.** |
| Review | Response |
| Are planned control measures reasonably practicable? |  |
| Are planned control measures sufficient to mitigate risk (based on your knowledge, experience and review of this workplace inspection)? |  |
| Are there any changes to planned control measures? |  |
| Are further controls required in the future? |  |
| Is a formal risk assessment required? |  |
| Name | Signature | Date |
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| ***Records Storage Instructions*** |
| *All completed forms are to be sent to* *whs@une.edu.au* *for records retention in TRIM Container A16/3850. Only the HR Team is able to view records in this container.* |