


STANDARD OPERATING INSPECTIONS	SOI-GVW-317
Workplace Health and Safety Inspections	

1.0 Purpose

To detail the process of workplace health and safety inspections of Goulburn Valley Water facilities including: water treatment plants, waste water management facilities, depots and offices.

2.0 References

OH&S Act 1985, Section 21 (4) (d) and 31 (1)

3.0 Definitions

Nil

4.0 Responsibilities and Authorities

Operations Manager

- Arrange with District Managers to carry out verification audits where operators from another district carry out inspections of another districts sites.

Managers

- Ensure inspections are scheduled each 6 months in April and September.
- Ensure operators carrying out inspections have been trained.
- Ensure recommendations from inspections are entered into the Hansen data base.
- Ensure recommendations from inspections are acted upon in a timely manner including interim safety control measures.
- Ensure recommendations which have significant cost are included in the Districts Action Plan and where required submission is made to senior management for funding via the cap ex programme.
- Ensure copies of all inspections are provided to the relevant health and safety representative and the OH&S coordinator.

Supervisors / Work Coordinator

- Accompany operators when carrying out workplace health and safety inspections.

OH&S Coordinator

- Carry out or arrange for verification audits to be completed for selected sites.

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- Provide advice and information regarding the implementation of recommendations from workplace inspections.

Operators / Employees

- Periodically inspect their own workplaces and facilities
- From time to time be involved in verification audits of facilities located in other districts and areas.

5.0 OHS Hazards and Controls

Nil

6.0 Other Resources Required

Nil

7.0 Procedure

7.1 Inspection Locations

- The following locations shall be inspected as part of Goulburn Valley Water’s Health and safety inspection program
 - All water treatment plants
 - All waste water management facilities
 - All Goulburn Valley Water depot locations
 - All Goulburn Valley Water offices
- New Plant facilities or upgrades inspected prior to project handover.

7.2 Health and Safety Inspections where Workplace Changes

- Where significant changes to a workplace have occurred due to following -
 - Construction
 - Renovation of buildings and facilities
 - Capital works upgrades

The relevant manager in consultation with the OH&S Coordinator shall identify if a health and safety inspection is required.

- Where a health and safety inspection has been identified this shall be arranged and carried out as soon possible after works have been completed.

7.3 Completing Workplace Health and Safety Inspections

Routine Inspections - 6 Monthly

- Inspections shall be carried out by trained operators / employees who have responsibility for the workplace / site along with the relevant Supervisor or Manager.
- A Health and Safety Representative may accompany persons carrying out a workplace inspection at sites operated by their Designated Work Group.
- Inspections are scheduled each 6 months with 50% of sites inspected during each 6 month period. All major sites will therefore be inspected annually.

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- Each inspection location to be entered into the HANSEN maintenance data base and a Job record is to be down loaded by local management prior to an inspection taking place.
- Within 1 month of completing the inspections District Managers shall ensure any recommendation from the inspection has been entered into the Hansen data base.

Internal Verification Audits – 12 Monthly

- Every 12 months operators from a different district location shall complete a number of scheduled inspections of a different site in another district. This shall be arranged by the relevant District Manager and Coordinated by the Operations Manager .
- Relevant Managers / District Manager along with the Operations Manager shall take part in a representative number of workplace health and safety inspections relating to workplaces under their control.

External Audits - Random

- The OH&S Coordinator or an external party may carry out random verification audits to ensure that the effectiveness of the inspection process is maintained.

7.4 Health and Safety Inspection Checklists

- The following Health and Safety Inspection Checklists shall be used for workplace health and safety inspections:
 - Checklist for Depots and Other Facilities
 - Checklist for Water Treatment Plants
 - Checklist for Waste Water Management Facilities.
- The checklist shall be completed during the workplace inspection. In some cases more than one checklist may be required for a more complex site, this shall be determined by the local manager before the inspection is carried out.
- Copies of completed inspection checklists shall be provided to the relevant Health and Safety Representative and the OH&S Coordinator.
- Original inspection checklist records shall be attached to the accompanying Job Sheet.

7.5 Non Conformances and Improvements

- Where non-conformances or improvements are identified during an inspection these shall be recorded on the inspection checklist.
- Where system non conformances are identified during the inspection (for example: self contained breathing apparatus has not been maintained in the last 6 months) a Non Conformance AM-12 form shall be raised to rectify the non-conformance, unless the non conformance can be rectified immediately.
- Where physical improvements are identified (for example: pit without cover) a programmed work order shall be raised to record the defect.
- Recommendation (without significant cost) must be resolved within 3 months of the inspection.
- Recommendations involving costs which need to be approved or budgeted for must be include in the district action plan for minor, recurrent or capital works. These shall be forward to the relevant manager for approval.

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7.6 Training and Instruction

- All persons carrying out inspections shall be trained to use the workplace inspection proforma. Training in Goulburn Valley Water's inspection process and use of the proforma is included as part of Training Course NWP 201.

8.0 Appendices

Inspection records.

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**Water Treatment Facility
Safety Inspection Checklist Items**

Worksite Location: _____ Date of Inspection: _____

Work Coordinator Name: _____ Operator: _____

General Chemicals Storage and Handling	Yes	No	N/A	Chlorine Storage	Yes	No	N/A
Clear access to storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cloudy ammonia test bottle present and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting OK for night work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sodium hypochlorite test bottle present and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear access provided to fire fighting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly inspection for leaks records kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Shower in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly Alarm Testing records kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency SCBA mounted and present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage area free of rubbish and combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency SCBA serviced in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage area locked and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber or PVC Gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency information in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinder including empties secured from falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifest information in place (Red Box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders secured from impact from vehicles etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety signage in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear access provided to SCBA and other PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS's in correct location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlorine posters in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS's for all chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Corrosives - Hypo, Acid, Caustic	Yes	No	N/A	Flouride Storage	Yes	No	N/A
Hypo safety poster in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room kept clean of powder build up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spills have been cleaned up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVC or suitable other gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bundling in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye protection in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty packages removed from site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive pressure face masks or respirators provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decanting jugs clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposable clothing provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubber or PVC Elbow length gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gumboots provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face visors or goggles in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE is maintained in a good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aprons in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean up materials / equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acids and hypo kept separate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Packages located in banded areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanks located in banded areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work areas free from rubbish & obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No excessive corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfaces safe and suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion of building structure not excessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free from slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps, pipework, valves, gauges, visually inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/material stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				All pits and penetrations covered or barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Pit Covers in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Welding Areas	Yes	No	N/A	Fire Protection and Control	Yes	No	N/A
Gas bottles securely fixed to trolley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguishers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher near work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire fighting equipment serviced/tagged 6 mth check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash back spark arresters fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency procedures displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision screens used for electric welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency telephone numbers displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No Flammable or Combustibles nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Safety equipment in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Spaces sign Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical Safety	Yes	No	N/A	First Aid	Yes	No	N/A
No broken plugs, sockets, switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets and contents clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No frayed or defective leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Numbers listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit well stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No work near exposed live electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tools and leads inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strained leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees provided with PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No cable-trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE being worn by employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches/circuits identified in switchboard box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun cream and sunglasses provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger / Out of Service tags readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct signage in hazardous areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth leakage (Safety Switches) used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Start/stop switches clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Switchboards locked and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Lifts and Cranes / Slings and Chains	Yes	No	N/A	Amenities	Yes	No	N/A
Labeled with SWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washrooms clean and water provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees trained to operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockers clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meal rooms clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation switch working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubbish bins available – covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of servicing kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Inspections of slings and chains carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stair, Steps and Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records kept of inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No worn or broken steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Handrails in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Elevated walkways clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Non-slip treatments/treads in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Kick plates where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature(s)

Work Coordinator: _____ Operator: _____

Copy Provided to:

District Manager

OH&S Coordinator

Health and Safety Representative



**Depots and Other facilities
Safety Inspection - Checklist Items**

Worksite Location: _____ Date of Inspection: _____

Work Coordinator Name: _____ Operator: _____

	Yes	No	N/A
All Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access and egress unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting OK for emergency or night work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Shower in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage free of rubbish and combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage locked / secured from unauthorized entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency information in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifest information in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety signage in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS in easily accessible location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS for all chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipment in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaces sign Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Chlorine Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency SCBA mounted and present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency SCBA serviced in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubber or PVC Gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cylinder including empties secured from falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cylinders secured from impact from vehicles etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear access provided to SCBA and other PPCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine posters in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Corrosives - Hypo, Acid, Caustic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Collection / Bunding in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubber or PVC Elbow length gloves provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face visors or goggles in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acids and hypo kept separate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packages located in spill control / bunded areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No excessive corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
General Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work areas free from rubbish & obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfaces safe and suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free from slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock/material stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All pits and penetrations covered or barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit Covers in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms clean and water provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockers clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal rooms clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish bins available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Lifts and Cranes / Slings and Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled with SWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serviced 6 monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation switch working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections of slings and chains carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records kept of inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Personal Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees provided with PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun cream and sunglasses provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct signage at hazardous areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets and contents clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Numbers listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit well stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Electrical Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No broken plugs, sockets, switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No frayed or defective leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools and leads inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strained leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No cable-trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches/circuits identified in switchboard box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger / Out of Service tags readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety switches / Earth leakage systems used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start/stop switches clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switchboards locked and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Stair, Steps and Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No worn or broken steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated walkways clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip treatments/treads in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kick plates where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Welding Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas bottles securely fixed to trolley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher near work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash back spark arresters fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision screens used for electric welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Flammable or Combustibles nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Fire Protection and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire fighting equipment serviced/tagged 6 mth check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammables away from combustibles / ignition sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency telephone numbers displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear access provided to fire fighting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature(s)

Work Coordinator: _____ Operator: _____

Copy Provided to:

District Manager

OH&S Coordinator

Health and Safety Representative

