OHS F05 Workplace inspection checklist

Collective Civil Pty Ltd inspects the work activity(s) and work area, and provide a completed Workplace Inspection Checklist each week to the principal contractor for the duration of the works.

|  |
| --- |
| **Workplace Inspection** |
| Workplace |  | Date |  |
| Inspected By |  | Signature |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Item Correct**Yes No n/a | **Action Priority**1 2 3 | **Action By**  | **Close Out By** | **Close Out Date** |
| **Access/Egress**Access paths clearAccess paths defined (signage tape, other)Prohibited areas display warning signs and barricaded | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Dust/Air Quality**Dust suppressed/watered downStock piles protected from windPlant & equipment maintained to minimise emissions | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Electrical**Electrical equipment tested & taggedRegister of tagging currentPortable generator fitted RCDPortable Residual Current Device (RCD) tested/ tagged | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **First Aid/Emergency/Injury**First aid kit providedKit stocks refreshedFirst Aid Officer availableEvacuation procedure in placeEmergency contacts displayedFire extinguisher/equipment available | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Manual Handling**Trolleys/aids in useSWMS followedTraining/job rotation undertaken | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Hazardous Substances/Dangerous Goods**Register currentMSDS availableSWMS lists precautions for useStorage area bundedRefuelling SWMS followed | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Height work**Perimeter protectionHandrails in placePenetrations coveredFall restraint/arrest system in useSWMS followed | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Housekeeping**Materials stackedWork area litBins available & in useSignage in placeLeads suspendedWalkway/stairs/work area clear | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Noise**Plant & equipment maintainedSite hours observedNoisy works identifiedHearing protection used (SWMS) | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Personal Protective Equipment**Used when required (SWMS)Correctly used by employees | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Plant & Equipment**Plant register currentMaintenance records providedDaily log book completedOperator ticketed/competency verifiedSWMS followed | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Public Protection**Work area secure from publicOverhead protection provided | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Stormwater/run off**Silt control fences in placeStormwater inlets protectedDischarges contained, e.g. pump out, slurry/other | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Training**All employees have: - General industry (safety awareness) training - Site specific induction training - Work activity (SWMS) training | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Vegetation**Fencing around drip line of retained treesNo material/equipment stored within drip line | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Waste Management**Waste reduction plan in placeWaste contractor records availableBins for litter/cigarette butts/other provided Hazardous wastes captured & correct disposal, e.g. paint sludge/ contaminated soil/other | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |
| **Other****……………………………****……………………………****……………………………****……………………………****……………………………****……………………………** | Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ] Yes [ ]  No [ ]  n/a[ ]  | 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ] 1 [ ]  2 [ ]  3 [ ]  |  |  |  |

|  |
| --- |
| ***All items noted for correction have been rectified*** |
| Name  | Troy Hanepen | Signed |  |
| Date |  | Time |  |