## WORKPLACE SAFETY INSPECTION CHECKLIST

**Department and area checked: ……………………………………………….……………………………….**

**Date checked: ………………………………………………………………………………………….…………**

**Name(s) of those carrying out inspections: ………………………………………………………………..**

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| **Inspection Checklist** | **Checked**  **✓** | **Remarks/Observations** |
| 1. **Building defects/maintenance**  * Check defect documentation * Confirm outstanding defects are being monitored satisfactorily |  |  |
| 1. **Furniture and equipment**  * All computer chairs in reasonable condition / working order (staff and student areas)? * Desks suitable for the users? |  |  |
| 1. **Traffic Routes**  * Internal/External, condition/safe * Doors/stairs etc in safe condition * Condition of floors |  |  |
| 1. **Environmental Conditions**  * Ventilation sufficient * Temperature/thermal comfort * Smoking Policy adhered to? * Lighting adequate & suitable? * Blinds work and are suitable? * Noise levels reasonable? |  |  |
| 1. **Cleanliness & Hygiene**  * General workplace cleanliness and tidiness * Condition of washing facilities * Condition of tea point facilities |  |  |
| 1. **Storage**  * Shelves not overloaded * Storage appropriate * Suitable means available for accessing items stored at high level |  |  |
| 1. **Fire Regulations**  * Are fire doors/exits/escape routes clear and usable * Fire extinguishers in test * Are fire action notices up to date? * Do all fire doors shut properly on self-closers? |  |  |
| 1. **Electrical Equipment**  * All portable electrical equipment PAT tested * All portable electrical equipment in good condition |  |  |
| 1. **First Aid**  * Contents suitable to workplace hazards * Signage appropriate * Box fully stocked and contents in date |  |  |