

SMALL BUSINESS SAFETY CHECKING OUT YOUR WORKPLACE



















JULY 2003

SAFETY CHECKLIST

CHECKING OUT YOUR WORKPLACE

An important part of managing your business is to ensure the health and safety of your employees and other people, such as customers, visitors or tradespeople who visit your workplace. In fact, the *Occupational Health and Safety Act 2000* requires you to ensure your workplace is safe.

To ensure you fulfil your obligation for a safe workplace, you need to become aware of what can cause harm and then take action to ensure no one is at risk while they are in your workplace. The following questions will help you evaluate how well you are currently managing safety in your workplace.

Do you talk to your employees about safety issues?	Yes	No
Do you encourage your employees to report safety problems?	Yes	No 🗌
Do you regularly inspect your workplace to identify safety problems?	Yes	No 🗌
Do you fix identified problems?	Yes	No 🗌
Do you ensure that all work is carried out safely?	Yes 🗌	No 🗌

The six checklists in this kit are designed to help you answer YES to all these questions. They will help you identify the safety risks in your workplace and suggest how to make your workplace safer. Not all the checklists may be relevant to your workplace, or you may find that some questions in a particular checklist do not apply to your operations. Therefore, use only those checklists and answer the questions that relate to safety issues in your own workplace.

When using the checklists it is important to involve your employees as they are the most affected by safety issues and they can help you identify the best safety solutions. By involving your staff you will be meeting your obligation under the *Occupational Health and Safety Act 2000* to consult your employees on workplace safety issues.

By completing these checklists and reviewing them as needed you will be well on your way to meeting your legal obligations.

For more information or assistance, go to the WorkCover website **www.workcover.nsw.gov.au** or contact the WorkCover Assistance Service on **13 10 50**.

Catalogue No. 1284 Ordering Hotline 1300 799 003



SLIPS, TRIPS AND FALLS

SAFETY CHECKLIST

Slips, trips and falls account for nearly a quarter of workplace injuries. You must ensure that your workplace is maintained free of hazards that cause these incidents. This checklist will help you prevent these types of injures. You should involve your employees in filling out this checklist.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed:/		
Date checklist to be reviewed (annually or when there is a change or addition to manual hand workplace):/	dling tasks	in the
Name(s) of person(s) who completed checklist:	Initial:	
Position title: Company:		
Floors		
Are floor surfaces free of water, ice, oil or other fluids?	Yes	No 🗌
Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)	Yes	No 🗌
Are ramps designed to prevent slips and falls?	Yes	No 🗌
Housekeeping		
Are walkways and doorways clear of boxes, extension cords and litter?	Yes	No 🗌
Are spills cleaned up immediately?	Yes	No 🗌
Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified?	Yes	No 🗌
Stairs		
Are stairways kept clear of boxes, equipment and other obstructions?	Yes	No 🗌
Is the tread on stairs adequate to minimise slipping?	Yes	No 🗌
Is the foot-space on each stair adequate?	Yes	No 🗌
Are handrails adequate?	Yes	No 🗌
Lighting		
Are work areas, walkways and stairs well lit?	Yes	No 🗌
Does the lighting enable workers to move between indoor and outdoor tasks safely?	Yes	No 🗌
Footwear		
Is the footwear worn by workers suitable for the workplace?	Yes	No 🗌

EMERGENCY PROCEDURES

SAFETY CHECKLIST

As part of your responsibility to ensure the safety of people in your workplace, you are required to make arrangements for a safe and rapid evacuation in case of an emergency. This checklist will help you develop your emergency procedures. You should involve your employees in developing these procedures. If you share your workplace or worksite with other businesses, you can use the checklist to coordinate your emergency response with them.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed:/		
Date checklist to be reviewed (annually or when there is a change to the workplace):/_		_
Name(s) of person(s) who completed checklist:	Initial:	
Position title: Company:		
Have you identified emergencies that may require an evacuation of the working area? For example fire, explosion, chemical spills, bomb threat, flooding	Yes	No 🗌
Responsibility		
Have you nominated a person(s) to be responsible for managing the evacuation?	Yes	No 🗌
Signal to evacuate		
Have you identified what signal(s) will be used to start evacuation?	Yes	No 🗌
Have you identified where these signals will be located?	Yes	No 🗌
Is someone authorised to be responsible for activating the signal?	Yes	No 🗌
Evacuation procedure		
Have you identified how people will evacuate from the workplace? (e.g. the shortest and most direct route to safety, the routes people should use, how people with disabilities would evacuate?)	Yes	No 🗌
Do you have an assembly place after evacuation?	Yes	No 🗌
Have you identified the checks that should be followed to ensure everyone is accounted for?	Yes	No 🗌
Have you identified a signal that gives the all clear to return, and nominated who will give it?	Yes	No 🗌
Re-entry		
Have you established re-entry management procedures?	Yes	No 🗌
Your emergency procedures		
Are emergency procedures displayed in your workplace?	Yes	No 🗌
Are all employees aware of the emergency procedures?	Yes	No 🗌

ELECTRICAL

SAFETY CHECKLIST

Electricity has great potential to seriously injure and kill. As electricity is invisible it is even more dangerous. You have a responsibility to ensure the electrical fittings and electrical equipment in your workplace is safe, and inspected and maintained regularly. This checklist will help you manage the risk of injury from electricity. You should involve your employees in filling out the checklist.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Name(s) of person(s) who completed checklist:	Initial:	
Position title: Company:		
Electrical switchboards and equipment		
Are switchboards, electrical equipment in a safe condition?	Yes	No 🗌
Is portable electrical equipment protected by safety switches? (This safety measure is mandatory for construction work.)	Yes	No 🗌
Power points, light fittings and switches		
Are all power points, light fittings and switches in a safe place and free of obvious defects?	Yes	No 🗌
Check if they are mounted securely, there are no loose covers or wires, broken or damaged fittings, or signs of overheating.	Yes	No 🗌
Are main and isolating switches clearly labelled and accessible?	Yes	No 🗌
Power tools, flexible leads and power boards		
Are power tools, extension leads and power boards maintained in a safe operating condition?	Yes	No 🗌
Check for damaged insulation, water leaks, burn marks, bent or loose pins and fittings.	Yes	No 🗌
Are extension leads and power boards located in a safe position to prevent mechanical or other damage?	Yes	No 🗌
Inspection and maintenance of all electrical equipment		
Are the electrical fittings and electrical equipment, including portable power tools, regularly inspected and maintained?	Yes	No 🗌

WorkCover advises that any faults with electrical fittings and equipment which are identified, should be referred to a qualified electrician.

CHEMICALS

SAFETY CHECKLIST

Many of the chemicals that are used in many work tasks are hazardous. To manage the risk of hazardous chemicals, the first step to take is to check with your supplier if any chemical you use is hazardous. If a chemical is a hazardous substance, your supplier must provide a Material Safety Data Sheet which provides information on safety risks and how to manage them. The Material Safety Data Sheet must be made available to your employees and you need to maintain a register of the hazardous substances you use. You must also train your employees on safe use of a hazardous substance. This checklist gives information on how to manage safety risks of chemicals. You should involve your employees in filling out this checklist.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed:/			
Date checklist to be reviewed (annually or when there is a change or addition to chemicals used in the workplace):/			
Name(s) of person(s) who completed ch	ecklist:	Initial:	
Position title:	Company:		
Are chemicals used in the workplace?	Yes If yes, please go to the next question	No If no, there is no need to complete the checklist below.	
List below all the chemicals (by product	name) that are used in your work	place:	
Product name:	Product na	me:	
Product name:	Product na	me:	
Product name:	Product na	me:	
Fill out the following for each chemical listed above.			
What is the chemical used for?			
Who uses it?			
Is the chemical clearly labelled?		Yes No No	
Is an Material Safety Data Sheet for haza (Check with your supplier if uncertain)	ardous substances needed for this p	roduct?	
Does the workplace have the Material Sa	fety Data Sheet for these chemical	s? Yes No	
Are the Material Safety Data Sheets reco	rded in a Hazardous Substances Re	egister? Yes No	
Do employees know about the Material S	Safety Data Sheets and have access	to them? Yes No	
Are employees: (a) Consulted about (using the product?	Yes No No	
(b) Aware of any harr	mful effects?	Yes No	
(c) Provided with the	correct safety equipment?	Yes No No	
(d) Trained in storage	e, use, disposal and emergency prod	cedures? Yes No No	
Does the workplace have appropriate firs	t aid to deal with splashes or other	incidents? Yes No No	

MACHINERY AND EQUIPMENT

SAFETY CHECKLIST

Machinery and equipment, known as plant, are major sources of hazards in the workplace. You must ensure that machinery and equipment in your workplace are safe, used properly and maintained in good repair. This checklist will help you address some common safety issues involving machinery and equipment. You should involve your employees in filling out this checklist.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed:/		
Date checklist to be reviewed (annually or when there is a change or addition to machinery a in the workplace):/	nd equipm	ent used
Name(s) of person(s) who completed checklist:	Initial:	
Position title: Company:		
Safety devices		
Are machine guards in place on all operating equipment?	Yes	No 🗌
Are belts, pulleys and other rotating parts properly guarded?	Yes	No 🗌
Are emergency stop buttons clearly visible and operational?	Yes	No 🗌
Work areas		
Is there adequate clearance/aisle space around machinery and equipment?	Yes	No 🗌
Are machinery and equipment areas kept clean?	Yes	No 🗌
Is ventilation appropriate and adequate for the work area?	Yes	No 🗌
Is noise reduced by mufflers, baffles or isolation of the machinery or equipment?	Yes	No 🗌
Are tools and equipment stored in their proper places?	Yes	No 🗌
Safe operation		
Are workers trained to operate machinery safely?	Yes	No 🗌
Are workers supervised to ensure correct operating procedures are followed?	Yes	No 🗌
Is personal protective equipment, for example safety footwear, eyewear, hearing protection, worn by employees and maintained in good condition?	Yes	No 🗌
Is equipment regularly inspected for damage and wear, and maintained in accordance with the manufacturer's instructions?	Yes	No 🗌

MANUAL HANDLING

SAFETY CHECKLIST

Manual handling is a component of most work tasks. It may involve repetitive movements, lifting and carrying loads, and sedentary work such as using a computer. Manual handling is a major factor in workplace injuries. This checklist will help you address the manual handling issues in your workplace and reduce the risk of injuries due to manual handling. You should involve you employees in filling out the checklist.

Note: If you mark a NO box on the checklist you need to take action to make your workplace safer.

Date checklist completed:/		
Date checklist to be reviewed (annually or when there is a change to the workplace):/	/	-
Name(s) of person(s) who completed checklist:	Initial:	
Position title: Company:		
Work Tasks		
Can all materials and equipment be lifted and carried easily?	Yes	No 🗌
Are mechanical aids such as trolleys, trolley jacks or hoists used?	Yes	No 🗌
Are workers trained in manual handling techniques and the use of mechanical aids?	Yes	No 🗌
Work Equipment		
Are work benches at a comfortable height?	Yes	No 🗌
Are chair backs and seat heights adjustable?	Yes	No 🗌
Is office equipment (such as computers screens, desk lamps) adjusted to avoid strain?	Yes	No 🗌
Are storage shelves organised to minimise bending and stretching?	Yes	No 🗌
Work Organisation		
Is rotation of tasks used to avoid repetitive work?	Yes	No 🗌
Is work planned to reduce periods of high and low demand?	Yes	No 🗌
Are there sufficient rest breaks?	Yes	No 🗌
Work Area		
Is workspace adequate to enable ease of movement?	Yes	No 🗌
Are work items that are regularly used within easy reach?	Yes	No 🗌
Is there sufficient area around machines or equipment to enable access for maintenance and repair?	Yes	No 🗌

Note: In addressing manual handling issues you need to consider *redesigning* the work processes, work environment or objects to be handled to *eliminate* manual handling risks. If it is not possible to eliminate the risks, you need to provide *mechanical aids* and *training* to ensure work is carried out in a safe manner.