

SMALL BUSINESS SAFETY CHECKLIST

CHECKING OUT YOUR WORKPLACE



JULY 2003

SAFETY CHECKLIST

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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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you encourage your employees to report safety problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you regularly inspect your workplace to identify safety problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you fix identified problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you ensure that all work is carried out safely? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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**



WorkCover NSW 92-100 Donnison Street Gosford NSW 2250
Locked Bag 2906 Lisarow NSW 2252 WorkCover Assistance Service **13 10 50**
Website www.workcover.nsw.gov.au

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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 injuries. 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 handling tasks in the workplace): ____/____/____	
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 <input type="checkbox"/> No <input type="checkbox"/>
Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are ramps designed to prevent slips and falls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housekeeping	
Are walkways and doorways clear of boxes, extension cords and litter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are spills cleaned up immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stairs	
Are stairways kept clear of boxes, equipment and other obstructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the tread on stairs adequate to minimise slipping?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the foot-space on each stair adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are handrails adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lighting	
Are work areas, walkways and stairs well lit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the lighting enable workers to move between indoor and outdoor tasks safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Footwear	
Is the footwear worn by workers suitable for the workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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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 <input type="checkbox"/> No <input type="checkbox"/>
Responsibility	
Have you nominated a person(s) to be responsible for managing the evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signal to evacuate	
Have you identified what signal(s) will be used to start evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified where these signals will be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is someone authorised to be responsible for activating the signal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Do you have an assembly place after evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified the checks that should be followed to ensure everyone is accounted for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified a signal that gives the all clear to return, and nominated who will give it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Re-entry	
Have you established re-entry management procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your emergency procedures	
Are emergency procedures displayed in your workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all employees aware of the emergency procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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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.

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

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

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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 checklist:		Initial:
Position title:	Company:	
Are chemicals used in the workplace?	Yes <input type="checkbox"/> <i>If yes, please go to the next question</i>	No <input type="checkbox"/> <i>If no, there is no need to complete the checklist below.</i>
List below all the chemicals (by product name) that are used in your workplace:		
<i>Product name:</i>	<i>Product name:</i>	
<i>Product name:</i>	<i>Product name:</i>	
<i>Product name:</i>	<i>Product name:</i>	
Fill out the following for each chemical listed above.		
What is the chemical used for?		
Who uses it?		
Is the chemical clearly labelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is an Material Safety Data Sheet for hazardous substances needed for this product? (Check with your supplier if uncertain)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the workplace have the Material Safety Data Sheet for these chemicals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the Material Safety Data Sheets recorded in a Hazardous Substances Register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do employees know about the Material Safety Data Sheets and have access to them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are employees:	(a) Consulted about using the product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Aware of any harmful effects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) Provided with the correct safety equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(d) Trained in storage, use, disposal and emergency procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the workplace have appropriate first aid to deal with splashes or other incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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WorkCover. **Watching out for you.**

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

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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 <input type="checkbox"/> No <input type="checkbox"/>
Are mechanical aids such as trolleys, trolley jacks or hoists used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are workers trained in manual handling techniques and the use of mechanical aids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Equipment	
Are work benches at a comfortable height?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are chair backs and seat heights adjustable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is office equipment (such as computers screens, desk lamps) adjusted to avoid strain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are storage shelves organised to minimise bending and stretching?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Organisation	
Is rotation of tasks used to avoid repetitive work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is work planned to reduce periods of high and low demand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there sufficient rest breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Area	
Is workspace adequate to enable ease of movement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are work items that are regularly used within easy reach?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there sufficient area around machines or equipment to enable access for maintenance and repair?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

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