



Inspection - Weekly 274 Checklist

274 Inspection _ CEW Workshop - Checklist

Item #	Prompt	Responses	Comments
1	1.0: PREMISES AND HOUSEKEEPING	(X) Yes () No () N/A	
2	Are all access ways clear and safe?	() Yes () No () N/A	
3	Are all rubbish removed from non-storage areas	() Yes () No () N/A	
4	Area all walkways clear of obstructions and their general conditions?	() Yes () No () N/A	
5	Are general building structures in good condition?	() Yes () No () N/A	
6	Are there any areas of inadequate or faulty lighting?	() Yes () No () N/A	
7	Inspect toilets - are they clean and soap and paper towels available	() Yes () No () N/A	
8	Are toilet facilities in good condition?	() Yes () No () N/A	
9	Inspect crib rooms - are they clean? Are facilities maintained?	() Yes () No () N/A	
10	Is there any evidence of vermin? (ants, flies, cockroaches or rats)	() Yes () No () N/A	
11	Is there clear access to equipment, workbenches, and switchboards?	() Yes () No () N/A	
12	Are floors clearly marked?	() Yes () No () N/A	
13	Are all floors, pipes etc. colour coded to OTML standard?	() Yes () No () N/A	
14	Are materials in work area stored or stacked safely?	() Yes () No () N/A	
15	Are storage areas tidy and being used correctly?	() Yes () No () N/A	
16	Check tool store/cupboard for tidiness & correct storage of tools.	() Yes () No () N/A	
17	Are items correctly labelled and registered?	() Yes () No () N/A	
18	Machines, floors and benches, tools and cupboards, are they clean and free of incomplete jobs, material, oil, grease.	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
19	Are all work areas orderly and all tools, spares, boxes? Shadow boards properly placed.	() Yes () No () N/A	
20	Is rubbish stored in the Lay Up area?	() Yes () No () N/A	
21	Are cupboards and cabinets closed?	() Yes () No () N/A	
22	Are adequate bins provided? Are waste disposed correctly?	() Yes () No () N/A	
23	No rubbish stored under benches, cupboards and cabinets.	() Yes () No () N/A	
24	2.0: MECHANICAL, ELECTRICAL & PERSONAL SAFEGUARDING	(X) Yes () No () N/A	
25	Are all equipment adequately guarded?	() Yes () No () N/A	
26	Are all pedestal and bench grinders have 2mm recommended gaps?	() Yes () No () N/A	
27	Are electrical panels labelled, locked and identified?	() Yes () No () N/A	
28	Tools tagged and registered?	() Yes () No () N/A	
29	Are all valves, switches, levers, GPO's intact, secure & labelled?	() Yes () No () N/A	
30	Check condition of all extension ladders, stepladders, safety steps, and stairs.	() Yes () No () N/A	
31	Check condition of lifting equipment (ropes, slings, chains, shackles, cranes, eyebolts, safety latches on hooks, chain blocks, winches, hoists)	() Yes () No () N/A	
32	Have damaged items been corrected or destroyed! Are items properly stored, identified & registered?	() Yes () No () N/A	
33	Are inspection tags fitted to items requiring inspection?	() Yes () No () N/A	
34	Are tags and labels correct?	() Yes () No () N/A	
35	Cylinders secured, Flashback arrestors fitted, Cylinder keys, Empty cylinders marked.	() Yes () No () N/A	
36	Check Oxy/Acetylene bottles are stored appropriately, hoses, Regulators, flash back arrestors	() Yes () No () N/A	
37	Are hazardous materials stored and being used correctly?	() Yes () No () N/A	
38	Proper use, adequate ventilation, labelling & Identification, Signs, Storage, Material Data Safety sheets in place.	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
39	Protective equipment in place and being used.	() Yes () No () N/A	
40	Check all power tools are in a safe working condition.	() Yes () No () N/A	
41	Check incidental electrical devices encountered for correct inspection tags.	() Yes () No () N/A	
42	Check all equipment tagged and registered. Check for Earth Leakage Circuit Breakers.	() Yes () No () N/A	
43	Check for Earth Leakage Circuit Breakers.	() Yes () No () N/A	
44	Are lights or light switches broken or hazardous?	() Yes () No () N/A	
45	Check integrity of Electrical Boards and electrical installations.	() Yes () No () N/A	
46	Check access to power points and switchboards.	() Yes () No () N/A	
47	Check all hand tools are stored, clean, in a safe condition.	() Yes () No () N/A	
48	Check all equipment, work places, benches, seating, is Ergonomically sound.	() Yes () No () N/A	
49	Are all pedestal grinders and drop saw have clear face shields	() Yes () No () N/A	
50	Are earplugs provided and available?	() Yes () No () N/A	
51	Are Welding screens available and in use?	() Yes () No () N/A	
52	Are all eyewash stations in good operating conditions?	() Yes () No () N/A	
53	Do you have adequate safety & health warning signs	() Yes () No () N/A	
54	Are exit signs and emergency lights operational?	() Yes () No () N/A	
55	Are signs in good condition and not damaged or faded?	() Yes () No () N/A	
56	3.0: FIRE PROTECTION AND PREVENTION	(X) Yes () No () N/A	
57	Are the correct extinguishers and hoses on the correct boards and in the correct locations?	() Yes () No () N/A	
58	Check condition of fire extinguishers, check for physical damage, rust, colour coding.	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
59	Are fire extinguishers fully charged? Do all extinguishers have up to date inspection tags fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
60	Are the extinguishers appropriate for potential fire hazards in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
61	Are locations marked and floors clear, allowing access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
62	Ensure oil, fuel, flammable materials are stored correctly and removed as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
63	Are the water valves in good operational conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
64	Are the hose nozzles in good operation conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
65	4.0: ENVIRONMENT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
66	Scrap Metal Waste Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
67	General Waste Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
68	Hazardous Waste Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
69	Is the spill containment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
70	Is the Waste Oil Containment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
71	Is the Filters/Oil/Rags/Drum Disposal available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
72	Are the chemicals approved for site use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
73	Is there Safety Data Sheet available for the Chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
74	Is there adequate ventilation in place to ensure fumes/vapors are safely removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
75	Are all persons competent and authorized to use the required chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
76	Is the correct PPE available and being worn according to the SDS requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
77	Are there correct emergency resources in place according to the SDS requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
78	Are all chemical containers correctly labeled according to the contents of the container and SDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Item #	Prompt	Responses	Comments
79	Are all dangerous goods and hazardous materials correctly signed and placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
80	Are there any soil contaminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
81	Is the air quality good?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
82	Is there any water being contaminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
83	Is the storm water in control?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
84	Are you well prepared for any spillage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
85	Are you ready and prepared for any emergency that may arise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
86	Are all employees trained and aware of emergency procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
87	Are all Standard Operating Procedures available and employees are made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
88	5.0: SAFETY AND HEALTH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
89	Is the Daily Evacuation Checklist available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
90	Are employees aware of light vehicle policy and permits requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
91	Fitness for Work - are employees aware of Alcohol and & Fatigue policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
92	Working at heights – is Risk Assessment and documents available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
93	First Aid Facility – are the kits available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
94	Is the First Aid Officer Available or appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
95	Is your Risk Register available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
96	Incident and Hazard Reporting in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	