



Inspection - Weekly 274 Checklist

274 Inspection _ Chemistry Laboratory Workplace - Checklist

Item #	Prompt	Responses	Comments
1	1.0: ELECTRICAL	(X) Yes	
		() No	
		() N/A	
2	Are all electrical Tools conditioned & tagged?	() Yes	
		() No	
		() N/A	
3	Are earth leakage used on all tools/equipment?	() Yes	
		() No	
		() N/A	
4	Are temporary distribution Board Location clear of hazards and obstruction?	() Yes	
		() No	
		() N/A	
5	Are Local Distribution Boards have independent isolation switches?	() Yes	
		() No	
		() N/A	
6	Are electrical appliances isolated when not in use?	() Yes	
		() No	
		() N/A	
7	Are the RCD unit used and checked by the electrical department	() Yes	
		() No	
		() N/A	
8	Are leads elevated off the ground?	() Yes	
		() No	
		() N/A	
9	Are electrical tools adequately guarded?	() Yes	
		() No	
		() N/A	
10	Are the extension leads isolated when not in use and removed at end of shift?	() Yes	
		() No	
		() N/A	
11	Are the Lead Connection Plugs bonded type or transparent?	() Yes	
		() No	
		() N/A	
12	Are the extension lead and appliance cord not exceeding 32m?	() Yes	
		() No	
		() N/A	
13	2.0: PERSONAL PROTECTION EQUIPMENT	(X) Yes	
		() No	
		() N/A	
14	Are PPE's available to employees?	() Yes	
		() No	
		() N/A	
15	Are there adequate stocks of consumable PPE (ear plugs, dust, masks, etc) readily available at strategic locations?	() Yes	
		() No	
		() N/A	
16	Are PPE's stored away properly?	() Yes	
		() No	
		() N/A	
17	Are correct PPE worn on the job site (correctly fitted)?	() Yes	
		() No	
		() N/A	
18	Are there relevant PPE signs posted?	() Yes	
		() No	
		() N/A	

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19	Are the PPE's in good condition?	() Yes () No () N/A	
20	Are the work clothes in good condition?	() Yes () No () N/A	
21	Are here High Visibility Clothing available?	() Yes () No () N/A	
22	3.0: COMPRESSED GAS CYLINDERS	(X) Yes () No () N/A	
23	Are all Oxygen/Acetylene bottles secured/upright?	() Yes () No () N/A	
24	Are all cylinders in good condition, labelled, test due date tag fitted and in test date?	() Yes () No () N/A	
25	Are the flash back arresters fitted at the regulators?	() Yes () No () N/A	
26	Are the empty/full gas cylinders marked / separated?	() Yes () No () N/A	
27	Are there appropriate warning signs displayed?	() Yes () No () N/A	
28	Are other gas cylinders stored separately and secured?	() Yes () No () N/A	
29	Are there designated storage area with correct Hazmat placarding provided?	() Yes () No () N/A	
30	Are there fire extinguishers position at storage?	() Yes () No () N/A	
31	4.0: FIRE FIGHTING EQUIPMENT	(X) Yes () No () N/A	
32	Are the correct extinguishers for the associated fire risk available?	() Yes () No () N/A	
33	Are the fire extinguishers located at prominent position?	() Yes () No () N/A	
34	Are the inspection tags current and pin secured with a tie that is easily broken?	() Yes () No () N/A	
35	Are the equipment clear of obstructions?	() Yes () No () N/A	
36	Are the fire equipment signs installed?	() Yes () No () N/A	
37	Are the pressure gauge-full and extinguishers in good condition?	() Yes () No () N/A	
38	Are the operational label intact?	() Yes () No () N/A	

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39	Are hoses and nozzles in good condition? No blockage in nozzle?	() Yes () No () N/A	
40	Is the fire alarm in good condition and proof of schedule service/test?	() Yes () No () N/A	
41	Are the fuel tanks and lines have no leaks or spillage, in good condition and properly signed?	() Yes () No () N/A	
42	Are Fire Wardens appointed and names displayed?	() Yes () No () N/A	
43	5.0 MACHINARY EQUIPMENT	(X) Yes () No () N/A	
44	Are the equipment in good condition?	() Yes () No () N/A	
45	Are guards installed?	() Yes () No () N/A	
46	Are guards installed?	() Yes () No () N/A	
47	Are maintenance schedule in place/complied with?	() Yes () No () N/A	
48	Are safety warning signs posted?	() Yes () No () N/A	
49	Are housekeeping maintained around machines?	() Yes () No () N/A	
50	Are machine guarding in place –rotating equipment?	() Yes () No () N/A	
51	6.0: WORKPLACE ENVIRONMENT	(X) Yes () No () N/A	
52	Is general housekeeping maintained?	() Yes () No () N/A	
53	Are fuel containers stored in bunded area and correctly placarded	() Yes () No () N/A	
54	Are domestic & Industrial waste disposal storage and regularly removed?	() Yes () No () N/A	
55	Are waste stream separated and labelled?	() Yes () No () N/A	
56	7.0: FIRST AID KIT	(X) Yes () No () N/A	
57	Is the First Aid kit available on site?	() Yes () No () N/A	
58	Is the First aid register log book available?	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
59	Is the Kit fully stocked for risks associated with the work being undertaken?	() Yes () No () N/A	
60	Is there a Certified First Aider available?	() Yes () No () N/A	
61	Are there emergency contact numbers on display?	() Yes () No () N/A	
62	8.0: FUEL / CHEMICAL STORAGE AREAS	(X) Yes () No () N/A	
63	Is the housekeeping in good condition?	() Yes () No () N/A	
64	Are correct fire extinguishers provided at site?	() Yes () No () N/A	
65	Do the bund areas have proper drainage system?	() Yes () No () N/A	
66	Are there adequate and convenient racks / bins?	() Yes () No () N/A	
67	Are materials properly stored?	() Yes () No () N/A	
68	Are the fuels & chemicals stored inside bund area with shelter provided?	() Yes () No () N/A	
69	Are the content labelled?	() Yes () No () N/A	
70	Is the MSDS's readily available at site?	() Yes () No () N/A	
71	Do the people working in the area understand associated risks?	() Yes () No () N/A	
72	Are there appropriate placarding and warning signs displayed?	() Yes () No () N/A	
73	Does the chemical store have up to date list of inventory?	() Yes () No () N/A	
74	9.0: OFFICE AND WORK STATION AREA - GENERAL	(X) Yes () No () N/A	
75	Is the area tidy and well kept?	() Yes () No () N/A	
76	Is the storage area adequate?	() Yes () No () N/A	
77	Is the floor is free of obstructions?	() Yes () No () N/A	
78	Is the floor coverings in good condition?	() Yes () No () N/A	

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79	Is the lighting adequate (light survey available)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
80	Are the lighting covers and fittings are secure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
81	Is the noise level acceptable/adequately controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
82	Is the temperature is comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
83	Do the portable equipment have current test tags?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
84	Are the power leads in good condition and are off the floor or placed away from walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
85	Are the power points and switches labelled indicating circuit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
86	Are the power points and switches labelled indicating circuit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
87	Are the Power boards used (not double adaptors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
88	No possible access to live electrical components in electrical cabinets? Circuits clearly labelled and indexed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
89	10.0: EMERGENCY PREPAREDNESS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
90	Are emergency evacuation procedures displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
91	Are the fire extinguisher easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
92	Are the tags on extinguisher been inspected in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
93	Are emergency exits sign clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
94	Are emergency exits are clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
95	Are the First Aid Kits accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
96	Are the First Aid Kits stocked and contents are in-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
97	Are the names and contacts of first aiders displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
98	Are the names of fire wardens displayed and regular evacuation drills practiced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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99	Are the emergency contact numbers displayed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
100	Is Emergency Eye Wash Station operational?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
101	11.0: TEA ROOM	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
102	Is the tea room clean and tidy, fridges and cooking equipment in good order and clean food stuffs suitably stored?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
103	Are waste bins available?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
104	Are dish washing facilities available ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
105	12.0: TOILETS	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
106	Are Toilets Clean and Hygienic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
107	Are hand washing facilities available?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
108	Are Liquid hand wash and paper towel available?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
109	13.0: BUILDING SURROUNDINGS	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
110	Are the painted demarcation adequate and current?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
111	Are No smoking area sign posted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
112	14.0: MANUAL HANDLING	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
113	Are the frequently used items are within easy access between knee and shoulder?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
114	Are heavy items stored at waist height?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
115	Are stepladders or safe steps available to access items stored on high shelves?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
116	Are trolleys available for heavy items and loads?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	