

Elliott Nash Ltd General Workplace Inspection Form (M1) (SHE 32)

GENERAL WORKPLACE INSPECTION HEALTH AND SAFETY CHECKLIST

INSPECTION CARRIED OUT BY
Name:
Position:
Signature:

INSPECTION CARRIED OUT AT
Office/Premises:
Location:
Inspection Ref. No. Date:

No	Item	Yes/No N/A	Comment/Remedial Action
1	Fire a) Are evacuation procedures clearly displayed? b) Are emergency exits clearly marked and visible? c) Are they clear and unobstructed? d) Do they open easily (not stiff, broken etc.)? e) Are exit corridors clear and unobstructed? f) Are extinguishers fully charged and operational? g) Are they clearly marked for the type of fire to be fought? h) Are drills held regularly? i) Write the date of last drill?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2	First Aid a) Are first aiders clearly identified?	<input type="checkbox"/> <input type="checkbox"/>	

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SHE 32	1	July 2011	July 2012	Yes/BMP

	b) Are first aid boxes adequately stocked, marked and available?		
3	Accidents a) Is the accident book readily available? b) Is it being used properly? c) What was the date of your last employee accident?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

No	Item	Yes/No N/A	Comment/Remedial Action
4	Housekeeping a) Are waste bins routinely emptied? b) Are the floors and corridors clear of rubbish, materials and equipment?	<input type="checkbox"/> <input type="checkbox"/>	
5	Slips, trips and falls a) Are there any worn or broken treads on stairs? b) Are handrails in good repair? c) Are steps and changes of levels clearly marked? d) Are electrical cables being controlled? e) Are wet floors being dealt with appropriately with signage etc?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6	Electrical a) Are electrical sockets overloaded? b) Are sockets, plugs poorly fitted or damaged? c) Are extension leads being used other than for very temporary	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	<p>reasons?</p> <p>d) Is there sufficient space (1 metre) between electrical switch gear and combustible materials?</p> <p>e) Are portable electrical appliances being checked annually (look at a sample)?</p>	<input type="checkbox"/> <input type="checkbox"/>		
7	Lighting	<p>a) Are strip light diffusers clean?</p> <p>b) Are there any missing/broken bulbs/tubes?</p> <p>c) Are there any dark areas?</p> <p>d) Are there any faulty flickering lights?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8	Storage	<p>a) Is stored material stable and secure?</p> <p>b) Is storage material accessible and removable without employees stretching above shoulder height?</p> <p>c) Are storage areas free from tripping hazards?</p> <p>d) Is shelving and racking secure?</p> <p>e) Are storage rooms neat and tidy?</p> <p>f) Is there appropriate access to high shelves, step ladder etc</p> <p>g) Are boiler rooms free of combustible materials?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9	Equipment	<p>a) Is all furniture safely positioned and appropriate to its usage?</p> <p>b) Does all purchased furniture and equipment have a CE (European Conformity Standard)?</p> <p>c) Are ladders kept secure?</p> <p>d) Are ladders being inspected formally and records kept?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	e) Are records available for all equipment requiring statutory inspection and tests (i.e. hoists, pressure vessels, gas appliances, etc.)?	<input type="checkbox"/>	
10	Hazardous Substances a) Are hazardous substances correctly labelled and stored in a safe and secure location? b) Are staff adequately trained to handle COSHH substances suitably? c) Are all hazardous substance storage areas clearly marked as such?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11	External Areas a) Are access/egress points slippery or obstructed? b) Are routes maintained safe in adverse weather conditions, snow, ice etc? c) Are levels of illumination acceptable in car parking areas? d) Are vehicles obstructing emergency exit routes? e) Are external areas, vehicle and pedestrian traffic routes adequately demarcated and or segregated?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	Additional Office Safety Issues		

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No	Item	Yes/No N/A	Comment/Remedial Action

Director Premises:		Safety Representative:	
Signature:		Signature:	
Date:		Date:	

Notes:

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