Section 10

Inspections

- Inspection Program
- Inspection Checklists
  - Quarterly Dealer
  - Monthly Area
  - Weekly Area
  - Office
  - Warehouse
  - Workshop/ Service Centre
  - Sales

Purpose

A simple system to implement regular practical safety inspections.

Safety Inspections

Regular safety inspections are important to maintain and your level of safety and ensure a safe workplace, safe tools and equipment.

KEY REQUIREMENTS

1) Include requirement to conduct inspections within staff PDs and KPIs, as relevant.
2) Train all staff in their required inspections and how to conduct.
3) Regularly monitor completion and quality of inspections.

Inspection Program

Checklists

The attached checklists are designed to provide an example of the key safety standards (per codes, legislation and industry/ best practice guidance) that should be in place.

Each checklist should be reviewed by the area manager in consultation with safety co-ordination and relevant HSRs/staff to ensure it is relevant to the area.

If at any time staff feel the checklist contains items that do not add a safety benefit the checklist should be reviewed and updated.

Sample inspection program

Who	Where/ What to check	Frequency	Forms
Operator	Specialist equipment e.g. forklift.	Daily/ Weekly *(per manufacturer recommendations)*	Equipment's pre-start checklist
Area Supervisor (workshop, parts)	Physical Work-area (non-office), and talk to staff	Weekly	Weekly Supervisor Safety Inspection Checklist
Department Manager	Items affect safety and staff morale, talk to staff.	Monthly	Monthly Department Manager Safety Checklist
Manager or nominated person	Office	Every 2 months	Office Safety Inspection Checklist
Dealer Principal	Site, talk to staff	Quarterly	Dealer Principal Quarterly Safety Review
Department Manager or designated person	Workshop	Monthly	Workshop/ Service Centre Checklist
Department Manager or designated person	Warehouse/ Parts	Every 2 months	Warehouse Checklist
Department Manager or designated person	Sales Floor and Sale yard.	Weekly	Sales Floor Checklist

How to conduct an inspection

1. **Complete inspection**, per schedule, using sample checklist. Supervisor/Manager to maintain records of completed inspection checklists.
2. Supervisor/manager to **action required items**. If not easily managed transfer action to the risk register (S.25 Hazard Reporting).
3. Supervisor/ Manager will ensure **risk register** is kept up to date on action progress.

Attached Checklists and Tools

- Daily Check Poster
- Quarterly Dealer Principal Checklist
- Monthly Department Manager Checklist
- Weekly Supervisor Area Checklist
- Office Inspection Checklist
- Warehouse Inspection Checklist
- Workshop / Service Centre Checklist
- Sales Floor Checklist

Noticeboard Poster:

4 SIMPLE STEPS TO:

START YOUR DAY

SAFELY

Every year **100,000+** people are **injured at work.**
Take a **few minutes** before you start **each day** to check the **4 keys to a safe work day** are in place.

1 - ARE YOU SAFE TO WORK?

- Do you feel fit and healthy e.g. free from fatigue?
- Are you adequately trained for the task?

2 - IS THE WORK AREA SAFE?

- Is your immediate area clean and tidy?
- Have any changes taken place?
- No obvious hazards?

3 - ARE ALL TOOLS & EQUIPMENT SAFE?

- Are you authrosied to use the eqiupment?
- Are safeguard in place and working correctly?
- Complete the daily pre-start check or a visually inspect before you start.

4 - IS THERE SAFE WORK PROCEDURE?

- Does the written procedure correctly describe your task?
- Do you understand the work procedure?
- All PPE available and easy to use.

ARE YOU GOOD TO GO?

If you answer NO see your supervisor or manager before beginning work.
REPORT ANY HAZARDS OR CONCERNS TO YOUR SUPERVISOR

Dealer Principal and Senior Manager's Quarterly Review

To be completed once per quarter by the Dealer Principal, or designated Site Senior Manager. Allow 20 min site walk around (depending on site size).

Site:
Date:
Completed by:
Accompanied by: *[other mangers, safety committee members and HSRs]*

Review of Inspection Regime

1. Has the monthly departmental safety inspection been conducted?	Y/N	
2. Have the weekly inspections been completed in each area?	Y/N	
3. Have the daily pre-shift checks been conducted & correctly recorded?	Y/N	
4. Have identified deficiencies been corrected?		Y/N

Observations from walk through inspection

5. Are all site areas clean & tidy?		Y/N
6. Are all traffic ways and exits clear & in good condition?	Y/N	
7. Is all signage and line marking clear & in good condition?		Y/N
8. Is all emergency equipment accessible?	Y/N	
9. Safety noticeboard(s) maintained in good condition?		Y/N
10. Are all actions from the safety plan up to date?		Y/N
11. Is safety included as an agenda item in frequent staff meetings?		Y/N

Discussion with Staff *List feedback from staff discussions:*

Any Concerns:

Key positive observations:

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

General Monthly Safety Checklist For Departmental Managers

To be completed every month by the department's manager, estimated to take 10min walk around.

Department: _____

Conducted by: _____ **Date:**_____

KEY:

✓	OK
X	Action Required

1. **Have the actions arising from the previous monthly check been completed?** ☐

2. **Have the weekly safety inspections been conducted:**
   - in each area?
   - on time? (see records held) ☐
   - and any deficiencies resolved or actioned?

3. **Have the pre-shift safety checks been conducted in all areas and for mobile equipment e.g. forklifts, hoists and vehicles:**
   - for each shift? ☐
   - any deficiencies acted upon?

4. **Have Hazard Reports raised in the month been actioned?**
   e.g. entered onto risk register. ☐

5. **Is the safety noticeboard:**
   - material all up to date?
   - contain all relevant material? *e.g. policy, safety and emergency contact details, safety committee minutes, toolbox talks, recent risk assessments, recent workplace monitoring, & emergency evacuation plan.* ☐

6. **Risk Assessments completed per schedule, new items and changes?** ☐

7. **Has anyone been injured in last month? If so has action been taken to prevent a recurrence?** ☐

8. **Traffic management plan implemented?**
   a) All traffic ways line marked & clear?
   b) All exits & exit paths unobstructed? ☐

10. **All firefighting equipment correctly maintained, signposted & accessible?** ☐

11. **PPE requirements clearly signposted, PPE available and all persons comply?** ☐

12. **Department area clean & tidy?** ☐

13 Staff Feedback

Typical optional questions for sampling employee awareness:

Are there any safety problems or concerns here?

Are all incidents reported?

Is your supervisor serious about your safety?

Do you have any suggestions to improve safety?

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

Weekly Safety Checklist for Supervisors

To be completed each week for all physical work areas (excluding sales floor and office) by allocated supervisor. Allow 10min walk around.

Area Inspected: _____

Conducted by: _____ **Date:**_____

KEY:

✓	OK
X	Action Required

1. **Have all actions from last inspection been actioned?** ☐
   e.g. entered onto hazard register, and no outstanding items (past date) on hazard register.
2. **Have pre-start safety checks been conducted by operators, correctly?** ☐
   Identified problems fixed (or action scheduled) or item withdrawn from use.
3. **Have any Hazard Reports raised been actioned?** ☐
4. **Is the safety noticeboard in good condition and relevant?** ☐
   Material all up to date?
   Contain all relevant material? *e.g. policy, safety and emergency contact details, safety committee minutes, toolbox talks, recent risk assessments, recent workplace monitoring, & emergency evacuation plan.*
5. **Has anyone been injured?** *If so, has an incident report been completed? And action now in place to prevent a reoccurrence.* ☐
6. **Risk Assessments completed per schedule, new items and changes?** ☐
7. **Job Safety Analysis, or similar, conducted for non-routine works.** *Sample any recently completed JSAs, have they been completed correctly?* ☐
8. **Area clean & tidy?** *e.g. floors in good condition with no slipping or tripping hazards?* ☐
9. **All exits & exit paths unobstructed?** ☐
11. **Personal Protective Equipment (PPE)** ☐
    Signage in good condition?
    PPE available to staff? And stock adequate?
    All employees using and storing correctly?
12. **All machinery safeguards in place and no visible damage?** ☐
13. **All electrical cords and equipment safe?** *e.g. not frayed or damaged.* ☐
14. **Chemicals labelled clearly and stored in designated locations when not in use?** ☐
15. **All lights working and clean?** ☐
16. **All steps, ladders & access in good condition?** *e.g. no bowing, cracks or damage.* ☐
17. **Work stations safe & comfortable?** *e.g. chairs in good condition and adjustable, no complaints from staff. [questions at least 2 staff]* ☐
18. **Only trained & <u>authorised personnel</u> allowed to use hazardous equipment** *e.g. vehicle hoists or power tools* ☐
19. **All safety equipment (e.g. first aid kit and fire extinguishers) accessible and in good working order?** *1m clearance maintained and staff aware of location.* ☐
20. **Do staff have any concerns of ideas for improvement** *[question at least 2 staff]* ☐

List their concerns/ ideas:

Other (add any other items to suit local circumstances) ☐

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

Office Safety Checklist

This should be conducted every 2 months for common office areas, by designated individual.

Location: _____ **Status**

Date: _____ OK ✓

Assessed by: _____ Action Required **X**

1. Safety Notice Board

1.1 - Notice board in convenient location for most staff & in good condition ☐

1.2 - Contains up to date and relevant material *e.g. Safety policy, H&S and emergency contact details, emergency plan, safety meeting minutes, OHS performance data (safety plan activity), hazard and injury reporting procedure* ☐

2. Safety Equipment

2.1 - Fire extinguishers or hose reels mounted, sign-posted and not obstructed? ☐

2.2 - All emergency exit routes and doors clearly identified *e.g. illuminated EXIT signs* ☐

2.3 - First aid kit(s) provided & location clearly sign-posted ☐

2.4 - All safety signage appropriate, visible and in good condition ☐

2.5 - Evacuation alarm working ☐

3. Housekeeping

3.1 - All passageways, corridors and walkways clear of tripping hazards/ obstructions *(bins, boxes etc)* ☐

3.2 - Floor surface level & smooth e.g. no tripping hazards ☐

3.3 - Any mats or rugs that pose a slip or trip hazard *e.g. not loose or "dog-eared"* ☐

3.4 - Work areas clean & tidy *e.g. no excessive waste, especially around photocopiers* ☐

3.5 - Food only prepared and consumed in designated areas ☐

3.6 - Files or boxes stored correctly *e.g. not under desks where they might affect leg room & posture* ☐

3.7 - Any portable steps or ladders in good condition, secure and stable ☐

3.8 - Any stairs or steps in work area in good condition, and free from obstruction. ☐

3.9 - Bins emptied regularly to prevent overflowing ☐

3.10 - Any obsolete equipment removed to appropriate storage area or disposed of ☐

3.11 - All toilets, kitchen & facilities clean & tidy ☐

4. Electrical Equipment

Any loose electrical items in good condition? *e.g. no frayed leads or broken plugs, sockets or switches* ☐

5. Work Environment

5.1 - Lights clean and in good order & not broken or flickering ☐

5.2 - Seating & chairs in good condition and adjustable if required ☐

5.3 - Chairs free from damage, cracks or signs of wear ☐

5.4 - Air conditioners, heaters or fans working properly *e.g. reasonably comfortable work area* ☐

5.5 - Storage shelves not overloaded e.g. not bent or buckled ☐

5.6 - Any trolleys stored away when not in use ☐

5.7 - Any Dangerous Goods and Hazardous Substances stored correctly in labelled containers & MSDS's available *e.g. cleaning products* ☐

6. Other, per local circumstances

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

Workshop/ Service Centre Checklist

This should be conducted every month by the Department Manager. Allow 20min to walk around and complete.

Location: _____

Date: _____

Assessed by: _____

Status	
OK	✓
Action Required	X

1. General Area

1.1 - Recent incidents and hazards have been followed up *e.g. reports completed and actions on hazard register.* ☐

1.2 - Supervisor completed weekly area checks, operators completed daily equipment pre-starts *[sample equipment]* ☐

1.3 - All exits kept clear and accessible *e.g. no rubbish or storage in walkways* ☐

1.4 - Emergency exit signage is indicated, visible from all work locations, ☐

1.5 - Facilities e.g. toilets area is clean *e.g. bins regularly emptied, no water on floor.* ☐

1.6 - All lights functioning ☐

1.7 - Emergency map and instructions displayed in area, up to date and in good condition *e.g. not damaged.* ☐

1.8 - Fire extinguishers provided are maintained (within 6 mth service schedule) and accessible (1-meter clearance provided around extinguishers). ☐

1.9 - First aid kit(s) provided & location clearly sign-posted ☐

1.10 - General work areas clean & free from hazards *e.g. slip and trip hazards* ☐

1.11 - Metal rubbish bin provided and used appropriately ☐

1.12 - Rubbish not stored near flammable substances ☐

1.13 - Safety Notice board: all material is up to date and relevant to the area. ☐

1.14 - Tool box talks conducted regularly, staff attendance tracked. ☐

1.15 - Any pedestrian/ travel routes through workshop are clearly indicated and obeyed. ☐

2. Tools and Equipment

2.1 - All tools and equipment serviced and maintained; [*sample at least 2 of each item including; pre-start checks, any scheduled maintenance overdue, any damage or concerns from staff]* ☐

<u>List items examined:</u>

2.2 - Signage on equipment in good condition e.g. not faded or scratched *[examine on sample items in 2.1]* ☐

2.3 - Power tools and equipment inspected and serviced regularly and guards in place. *[examine on sample items in 2.1]* ☐

2.4 - arts stored in appropriate areas *e.g. on designated rack or shelves* ☐

2.5 - PPE provided and used *e.g. eye protection, wielding screens* ☐

2.6 - Electrical equipment not used in wet areas ☐

2.7 - Lifting equipment in good condition *e.g. chains, and accessible for intended use* ☐

2.8 - Tools clear off floor surfaces *e.g. air lines, hoses etc* ☐

2.9 - Trolleys in good working order *e.g. wheels and draws all function smoothly, no complaints from staff* ☐

2.10 - Danger tags and Lock-out (LOTO) available, and used correctly when in use *[examine any current use of tag/LOTO]* ☐

2.11 - All persons in area are authorised, and persons only using equipment they are trained and authorised. *[Observe area]* ☐

3. Chemicals

3.1 - All chemicals including dangerous goods and hazardous substances stored in designated location and labelled clearly. ☐

3.2 - SDS available for chemicals, issue date within last 5 years [*sample 3 chemicals]* ☐

3.3 - Chemical register available and maintained ☐

3.4 - Spill containment equipment available in likely area of use, stocked, and clean. ☐

4. Electrical Equipment

Portable electrical items are in good *condition e.g. no frayed leads or broken plugs, sockets or switches [sample at least 3 items throughout workshop]* ☐

5. Work Tasks

5.1 - Task lighting clean and in good order *e.g. not broken or flickering* ☐

5.2 - Seating & chairs in good *condition e.g. free from damage, cracks or signs of wear, and adjustable if required* ☐

5.3 - Trolleys stored away when not in use ☐

5.4 - Air conditioners, heaters or fans are working properly and positioned to provide comfort but do not obstruct work or present further risk ☐

5.5 - Storage shelves are not overloaded *e.g. not bent or buckled* ☐

5.6 - Is the general area ventilated ☐

5.7 - Do any staff experiencing physical difficult with tasks or finding manual aids inadequate/ not available when needed. *Ask staff.* ☐

5.8 - Contractors in area inducted with work procedure for tasks (e.g. JSA/SWMS/ required permit to work) *[check 2 contactors currently working, or records for 2 recent contactors]* ☐

5.9 - Staff satisfied with task work procedures (SOPs) *[ask at least 2 staff]* ☐

6. Other, per local circumstances

6.1 - Review area items on hazard register. Are there any overdue actions? ☐

6.2 - Do staff report any concerns or ideas for improvement in the area? *[ask at least 3 staff]* ☐

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

Warehouse Safety Checklist

This should be conducted every 2 months by Warehouse Department Manager. Allow 20min to walk around and complete.

Location: _____
Date: _____
Assessed by: _____

Status
OK ✓
Action Required X

1. General Work Environment

1.1 - Is the general area clear and free from obstruction, spills or debris that might be a hazard to pedestrians or vehicles *e.g. water, dust or oil making ground slippery.* ☐

1.2 - Supervisor completed weekly area checks, operators completed daily equipment pre-starts *[sample equipment]* ☐

1.3 - Are vehicles and pedestrian segregations used correctly *e.g. per traffic mgt plan* ☐

1.4 - Lights clean and working correctly *e.g. not flickering* ☐

1.5 - Workers using PPE *e.g. per area and task signage, and training/ instruction.* ☐

1.6 - All safety signage is in good condition *e.g. restrictive area and traffic management signage, exit signage illuminated* ☐

1.7 - Fire extinguishers or hose reels mounted, sign-posted and accessible ☐

1.8 - Emergency exits free from obstructions and clearly marked ☐

1.9 - First aid kit(s) provided & location clearly sign-posted ☐

1.10 - Safety Notice board clean and up to date material? ☐

1.11 - Tool box talks displayed on notice board? List last talk topic: ☐

1.12 - Any pedestrian/ travel routes through warehouse are clearly indicated and obeyed? ☐

2. Mobile Plant and Equipment

2.1 - Pre-start check for mobile plant conducted daily, with records maintained ☐

2.2 - Mobile plant in good condition *e.g. seat belt functions, no broken lights* *[check each forklift/ mobile plant]* ☐

2.3 - Traffic routes not obstructed, damaged or contain substances that could become a hazard *e.g. oil or dust making slippery* ☐

2.4 - Designated parking areas clearly marked and unobstructed ☐

3. Chemicals

3.1 - All chemicals labelled clearly ☐

3.2 - SDS available for all chemicals, and included on chemical register *[sample at least 3 chemicals]* ☐

3.3 - Spill containment equipment available and stocked ☐

4. Loading & Unloading Area

4.1 - Site Loading Rules displayed at driver safety zone, and location of vehicle delivery. ☐

4.2 - Only authorised persons unloading trucks on site *[observe and ask staff]* ☐

4.3 - Vehicle delivery, if off-site *e.g. on side-road designated area established, and spotter used if busy street – delivery company following agreed safe procedure.* ☐

5. Storage & Racking

5.1 - Mezzanine area: Goods in mezzanine floor properly secured ☐

5.2 - Racking check completed monthly per Section 23.

5.3 - Racking, pallets and shelving in good condition (no signs of damage, bowing or cracks) with goods properly stacked and secured when stored above shoulder height *e.g. wrapped* ☐

5.4 - Racking signage in good condition and racks loaded within listed capacity *[sample at least 2 bays]* ☐

5.5 - Yard storage; racking and housekeeping in good maintenance. ☐

6. Work Environment/ Tools

6.1 - Manual aids in good condition and used by workers appropriately ☐

6.2 - Ladders stored in designated area, restricted use, and in good condition *e.g. no cracks, bending in rungs or signs of damage.* ☐

6.3 - Do any staff experiencing physical difficult with tasks or finding manual aids inadequate/ not available when needed. *Ask staff.* ☐

6.4 - Lifting equipment SWL and manufactures plaque clearly visible, within service date (per manufacturers recommendations) ☐

7. Other, per local circumstances

7.1 - Review area items on hazard register, any past date or require action/ support to complete? ☐

7.2 - Do staff report any concerns or ideas for improvement in the area? *[Talk to at least 3 staff]* ☐

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*

Sales Floor Checklist

This should be conducted Weekly by Sales manager or designated staff. Allow 10min to walk around and complete.

Location: _____

Date: _____

Assessed by: _____

Status	
OK	✓
Action Required	**X**

1. General Area

1.1 -	Floor surface free from tripping, slipping and other hazards e.g. no rise or deviation >5mm, unless a step.	☐
1.2 -	All lights working correctly *e.g. no flickering*	☐
1.3 -	Displays secured fixed into place	☐
1.4 -	Customer amenities clean and fully stocked at all times	☐
1.5 -	Fire extinguishers in place are accessible, 1 m clearance maintained and signage visible around any temporary displays or advertising.	☐
1.6 -	First aid kit(s) location known by staff *[confirm staff understanding, ask at least 2 staff]*	☐
1.7 -	Electrical appliances and equipment in good condition *e.g. no fraying or damaged cords.*	☐
1.8 -	Electrical sockets not accessible to children, check if any desks or digital displayed have been recently moved.	☐
1.9 -	Furniture and fittings safe and in good condition *e.g. no frayed fabric, signs of cracks or damage.*	☐
1.10 -	Instructions for public clearly singed *e.g. Reception this way, service centre this way,* and in good condition *e.g. not faded or obstructed*.	☐
1.11 -	Play area: if provided, is checked daily to ensure no hazards *e.g. no sharp items, gate secure.*	☐
1.12 -	Customer coffee area: kept clean at all times *e.g. bin emptied regularly*	☐
1.13 -	Customer coffee area: access to hot items out of reach of children. And warning hot labelling/ signs clear and visible.	☐

2. Traffic & Entrance

2.1 -	Customer parking clear *e.g. no signs of damage, no obstructions*	☐
2.2 -	Walkway/ path of travel through yard and show room free of traffic and safe for public *e.g. clear of pot holes, oil/ slippery surfaces*.	☐
2.3 -	If wet caution sign placed out, if not in use at time of inspection check portable sign easily available for staff to use.	☐

ACTIONS REQUIRED?

YES / NO

If YES, place on risk register ☐ *tick once placed on register or if NA*