

General Workplace Inspection Checklist

1. Inspection Details

Location/Department:	Inspection by:	Site:
	Position:	Inspection date:
	Inspection ref:	Review date:

2. General

(X as applicable)

<input type="checkbox"/> Is workplace temperature and ventilation reasonable? <input type="checkbox"/> Is the workplace well organised, clean and tidy? <input type="checkbox"/> Are all walls, roofs, floors and stairs in good condition? <input type="checkbox"/> Are all staff welfare facilities suitable and in good order? <input type="checkbox"/> Can vehicles and pedestrians circulate in a safe manner? <input type="checkbox"/> Are first aid kits available and suitably stocked?	<input type="checkbox"/> Is workplace lighting reasonable (e.g. no blown bulbs)? <input type="checkbox"/> Is adequate space provided for work activities? <input type="checkbox"/> Are all doors, windows and gates in good condition? <input type="checkbox"/> Are stock and materials stored correctly and safely? <input type="checkbox"/> Are general site rules being adhered to? <input type="checkbox"/> Are staff trained in first aid available?
Comments:	

3. Work Equipment

(X as applicable)

<input type="checkbox"/> Is work equipment in good condition and well maintained? <input type="checkbox"/> Are all dangerous parts of work equipment guarded? <input type="checkbox"/> Are work equipment stop and start controls clearly identified? <input type="checkbox"/> Do DSE workstations meet minimum requirements? <input type="checkbox"/> Do staff use PPE as appropriate and is compliance supervised?	<input type="checkbox"/> Are safe systems of work being followed by staff? <input type="checkbox"/> Are all guards in good condition and working properly? <input type="checkbox"/> Has relevant equipment been subject to a statutory inspection? <input type="checkbox"/> Do staff use their DSE workstation as per safety guidelines? <input type="checkbox"/> Are PPE requirements identified by signage?
Comments:	

4. Slips, Trips and Falls

(X as applicable)

- | | |
|---|--|
| <input type="checkbox"/> Are all passageways and stairs kept clear? | <input type="checkbox"/> Are carpets and mats in safe condition? |
| <input type="checkbox"/> Are floors free from slippery surfaces and substances? | <input type="checkbox"/> Are trailing cables avoided? |
| <input type="checkbox"/> Are handrails provided on stairs? | <input type="checkbox"/> Are adequate signs displayed (e.g. during cleaning)? |
| <input type="checkbox"/> Are external areas free from trip hazards, e.g. pot holes? | <input type="checkbox"/> Are external areas free from slip hazards, e.g. snow and ice? |
| <input type="checkbox"/> Are suitable edge protections in place to prevent falls from height? | <input type="checkbox"/> Are ladders in good condition and used safely? |

Comments:

5. Manual Handling

(X as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Is good manual handling practice being observed? | <input type="checkbox"/> Have all relevant staff been trained in manual handling? |
| <input type="checkbox"/> Are lifting equipment and aids provided and used as appropriate? | <input type="checkbox"/> Are weights specified on heavy loads? |
| <input type="checkbox"/> Are heavy items stored at an accessible height? | |

Comments:

6. Fire and Electricity

(X as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Is the storage of combustible items minimised? | <input type="checkbox"/> Are combustible items kept away from the building exterior? |
| <input type="checkbox"/> Are potential sources of ignition kept away from combustibles? | <input type="checkbox"/> Is hot work suitably controlled? |
| <input type="checkbox"/> Are flammable gases and liquids suitably stored and used? | <input type="checkbox"/> Are smoking restrictions observed? |
| <input type="checkbox"/> Is the use of extension leads and multi-point adapters minimised? | <input type="checkbox"/> Have portable electrical appliances been inspected and tested? |
| <input type="checkbox"/> Are appropriate numbers of fire extinguishers available? | <input type="checkbox"/> Are all fire extinguisher points signed and unobstructed? |
| <input type="checkbox"/> Are all fire escape routes signed and unobstructed? | <input type="checkbox"/> Are fire doors kept closed (i.e. not wedged open)? |
| <input type="checkbox"/> Are fire alarm and emergency lighting systems regularly tested? | <input type="checkbox"/> Are fire drills undertaken periodically (e.g. every 6 months)? |

Comments:

7. Hazardous Substances

(X as applicable)

- Is the use of hazardous substances minimised?
- Are hazardous substances stored safely?
- Are staff trained in the use of hazardous substances?

- Are hazardous substances properly labelled?
- Are hazardous substances being used as per instructions?
- Are hazardous substance data sheets, etc. readily available?

Comments:

8. Other Hazards

Comments: (e.g. in relation to noise, vibration, lone working, lifting operations, confined spaces, etc.)

9. Actions Required

Details:	Date Completed:
Details:	Date Completed:
Details:	Date Completed:
Details:	Date Completed:
Details:	Date Completed:

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