

**CHECKLIST FOR SAFETY**

**AND**

**MAINTENANCE OF FACILITIES**

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| **Name of Establishment:** | | **Address:** | |
| **Type of Establishment:** | **Institution:** | **Person(s) Interviewed:** | **Post(s):** |
| **Employer:** |  |  |

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| **HEALTH, SAFETY AND WELFARE PARTICULARS** | | | | | |
| **GENERAL** **WORK AREA** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are areas of work orderly, tidy and free of obstruction? |  |  |  |  |  |
| Area floors in good repair and non-slip areas (stairs) treated correctly? |  |  | ☐ |  |  |
| Are access ways and exits kept clear, including access to the building for emergency purposes? |  |  |  |  |  |
| Is the lighting well maintained? |  |  |  |  |  |
| Is the lighting adequate for the tasks undertaken? |  |  |  |  |  |
| Area stairways safe with handrails if needed? |  |  |  |  |  |
| Are electrical fittings in good order? |  |  |  |  |  |
| Is ventilation and cooling of the workplace appropriate to usage throughout the year? |  |  |  |  |  |
| Are noise zones, restricted and safety zones, (e.g., generator areas) clearly marked using appropriate signs? |  |  |  |  |  |
| **MEDICAL AND FIRST AID** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are employees trained in first aid? |  |  |  |  |  |
| Are emergency phone numbers posted? |  |  |  |  |  |
| Are First Aid kits easily accessible to each work area? |  |  |  |  |  |
| Are First Aid kits stock as per contents sheet within the kit? |  |  |  |  |  |
| Are contents of the First Aid kit current? |  |  |  |  |  |
| Are means provided for a quick drenching or flushing of the eyes in areas where corrosive liquids are handled? |  |  |  |  |  |
| Have changes occurred since the last inspection? |  |  |  |  |  |
| **PERSONAL PROTECTION** | | | | | |
| **Personal** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Is appropriate work wear used e.g., overalls, reflective strips, hairnets, gloves, etc.? |  |  |  |  |  |
| Are safety footwear and hard hats worn in designated areas? |  |  |  |  |  |
| Is protective equipment in good condition (e.g., goggles, respirators, etc.)? |  |  |  |  |  |
| Is there provision and use of eye and ear protection? |  |  |  |  |  |
| Are protective goggles, gloves, aprons hairnets and shields used where required? |  |  |  |  |  |
| Are approved respirators provided for regular and emergency used? |  |  |  |  |  |
| **FIRE** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are fire warnings posted? |  |  |  |  |  |
| Are there adequate amount of fire extinguishers? |  |  |  |  |  |
| Are fire extinguishers regularly inspected, noted on inspection tag and maintained? |  |  |  |  |  |
| Are workers periodically instructed in the proper use of portable fire extinguishers and fire protection procedures? |  |  |  |  |  |
| Are fire drills carried out on a regular basis? |  |  |  |  |  |
| Are fire doors maintained properly and kept clear? |  |  |  |  |  |
| **REST ROOMS** **& CHANGING FACILITIES** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are toilets and washing facilities clean and sanitary? |  |  |  |  |  |
| Are there Changing Facilities available for use? |  |  |  |  |  |
| Are all washrooms or changing facilities adequately illuminated? |  |  |  |  |  |
| Are Sanitary Conveniences available and accessible |  |  |  |  |  |
| Are Urinals available and accessible |  |  |  |  |  |
| Are Wash Basins available and accessible |  |  |  |  |  |
| Are Shower/Baths available and accessible |  |  |  |  |  |
| **OFFICE** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are furniture (e.g., chairs, desk etc.) Defective and /or unsafe? |  |  |  |  |  |
| Are cables (e.g., computers, telephone) well positioned and tidy? |  |  |  |  |  |
| Are cabinets positioned away from doors? |  |  |  |  |  |
| Are guillotines guarded? |  |  |  |  |  |
| Are photocopying machines/printing fluid marked hazards and is ventilated adequately? |  |  |  |  |  |
| Is floor space clear of obstruction (e.g., boxes, equipment)? |  |  |  |  |  |
| Is shelving /storage space secured to wall? |  |  |  |  |  |
| **WORKSHOPS/LABORATORIES** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are all areas tidy, workbenches clear of unwanted items, and equipment properly stored? |  |  |  |  |  |
| Are chemicals correctly labeled and stored? |  |  |  |  |  |
| Are general ventilation systems operating correctly and in good order? |  |  |  |  |  |
| Are ventilation levels adequate for the task? |  |  |  |  |  |
| Are lighting fittings in good order? |  |  |  |  |  |
| Are lighting levels adequate? |  |  |  |  |  |
| Are safety signs clearly displaced? |  |  |  |  |  |
| **EXITS FIRE, ESCAPES & DOORS** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** |  |
| Are all exits marked with exit signs? |  |  |  |  |  |
| Are all exits kept free from obstructions/ |  |  |  |  |  |
| Are fire escapes clearly marked? |  |  |  |  |  |
| Are there sufficient exits to permit prompt escape in the event of an emergency? |  |  |  |  |  |
| Are doors on cold storage rooms provided an inside release mechanism, which will release the latch and open the door when it is locked on the outside? |  |  |  |  |  |
| Are doors opened inward or outward? |  |  |  |  |  |
| Are doors sliding or roller shutter? |  |  |  |  |  |
| **FLOORS, WALKWAYS & STAIRWAYS** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are floors in good repair and non-slip areas (steps) treated correctly? |  |  |  |  |  |
| Are spilled materials cleaned up immediately? |  |  |  |  |  |
| Are aisles, walkways, and passageways clear? |  |  |  |  |  |
| Are stairway safe with handrails where needed? |  |  |  |  |  |
| **FLAMMABLE & COMBUSTIBLE MATERIALS AND HAZARDOUS TOXIC SUBSTANCES** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Are flammable and combustible materials stored in proper containers? |  |  |  |  |  |
| Are flammable and combustible materials stored in a proper ventilated room? |  |  |  |  |  |
| Are drums of flammable liquids grounded and bonded to containers when dispensing? |  |  |  |  |  |
| Are all flammable & combustible materials and hazardous toxic substances properly labeled to indicate their content? |  |  |  |  |  |
| Is proper protective equipment available and utilised to protect workers/trainees working with hazardous or toxic materials? |  |  |  |  |  |
| **MACHINE GUARDING & EQUIPMENT** | | | | | |
| **Provisions** | **Yes** | **No** | **Adequate** | **Inadequate** | **Remarks** |
| Is there a training programme to instruct workers on the safe methods if machine operation |  |  |  |  |  |
| Is there a regular programme of inspection to assure the safe operation of machinery and equipment? |  |  |  |  |  |
| Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing? |  |  |  |  |  |
| Is there a power shut off switch which reach of the operator’s station |  |  |  |  |  |
| Are electrically operated machine grounded? |  |  |  |  |  |
| Are foot-operated switches guarded to prevent accidents? |  |  |  |  |  |
| Are emergency stop buttons coloured red? |  |  |  |  |  |
| Are all pulleys and belts guarded to the floor? |  |  |  |  |  |
| Are machine guards secure and so arranged so that they do not pose a hazard by their use? |  |  |  |  |  |
| Are provisions made to prevent the machine from automatically restarting following a restoration of power after a power outage? |  |  |  |  |  |
| Are hand tools maintained in good condition? |  |  |  |  |  |
| Are temporary/permanent scaffolding arrangements adequate? |  |  |  |  |  |
| **EXAMINATION AND TEST OF MACHINERY** | | | | | |

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| **Type**  **(examples:- hoist, lifts, tire machine etc)** | **Number** | **Date of Last Report** | **Number**  **of Report** | **Remarks** |
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**NOTES**

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**RECOMMENDATION**

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| Auditors | | |
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