



Project / Contract Manager OHS Inspection Checklist

Project / Contract:		Contractor:	
Project / Contract Manager:		Date of Inspection:	
Inspection Completed By:		Participants:	

First Aid Arrangements:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are there an adequate number of first aid kits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are they adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a list of qualified first aiders attached to each kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the kits clearly visible/accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Housekeeping:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Is the work area in a clean and tidy state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there adequate, appropriate and clear signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all storage areas tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the work area free from slipping/tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Access and Egress:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Is there safe access around the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is lighting adequate for safe access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are access ways in storage areas/containers free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Ladders:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are all ladders stable and securely fixed at the top and bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all rungs and stiles intact and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the slope of the ladder at a safe angle 4:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Electrical:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are portable electrical equipment/leads tested & tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are leads and cables in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is electrical equipment properly stored when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are extension leads supported above work and damp areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Compresses Gases:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are bottles stored upright and secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is storage and transport adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all cylinders fitted with flashback arresters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Plant:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Do only qualified/licensed personnel operate the plant/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the plant working too close to overhead power lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does all plant have the Safe Working Load (SWL) clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does each item of plant have a correctly filled out logbook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are barricades / barrier tape in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are isolations / lockouts in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Personal Protective Equipment:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Is eye protection worn when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are hard hats worn when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is foot protection adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are appropriate gloves provided to protect hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is hearing protection worn when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Scaffolding:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are there solid foundations under the scaffolding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there proper sole and base plates for the standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there adequate bracing in all directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are handrails and toe-boards in place on all over 2m scaffolds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all work platforms fully decked out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there safe access to the work platforms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is scaffolding tied to the structure at least every 3.6m in height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do mobile scaffolds have lockable castor wheels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all wheels locked when the scaffold is in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there safe ladder access to the mobile scaffold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are scaffolds inspected regularly by a competent/qualified person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are protruding parts of the structure covered to prevent injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Chemicals:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are Material Safety Data Sheets available for all goods in this store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there adequate signage around this store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all containers clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is ventilation equipment operating effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is waste material stored/disposed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Excavations:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are sides of excavations shored or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is access into excavations adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are excavations adequately barricaded/fenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the area been checked for buried services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Manual Handling:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Have all personnel been trained in manual handling techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are correct manual handling techniques being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is mechanical equipment available for lifting heavy loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Welding and Grinding:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are protective screens used during welding operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are welder/grinder/cutter operators using appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has a hot work permit been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Environmental Management:

Condition	Yes	No	NA	Corrective Action	Person Responsible
Are there any leaks or spills causing land or water pollution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is waste being stored and disposed appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is plant, equipment or vehicles emitting noise or air pollution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there sufficient containment for drums, tanks and other containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments / Corrective Action Required:	Person Responsible	Due Date