

A safety audit on your facilities can be done by a number of people so as to gain the benefit of “sets of different eyes”. The audit is performed simply by walking around, observing and noting using the check list as a guide. We recommend the results be collated and acted upon by a duly qualified safety professional to ensure a safer workplace. Should you so desire you can use this form for a section of your facility, for specific equipment; your use depends on your facility. What we are covering off on here is what would be described as simply, “ good housekeeping”

- 1. Safety Auditor’s Name Signature..... /...../.....
- 2. Safety Auditor’s Name Signature..... /...../.....
- 3. Other parties Name Init..... Date
- Name Init..... Date
- Name Init..... Date

FACILITIES

YES **NO**

Are aisles and emergency exits clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>
Do all areas prone to “wetting” have non slip mats or surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Are floors cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Are all power and hand trucks maintained regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Are the aforesaid pieces of equipment safety parked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Are all other pieces of lifting equipment maintained in good working order? ie cranes, scissor lift tables etc etc.	<input type="checkbox"/>	<input type="checkbox"/>
Are all materials stored safety securely and accessibly?	<input type="checkbox"/>	<input type="checkbox"/>
Is lighting adequate for the tasks being performed in that area?	<input type="checkbox"/>	<input type="checkbox"/>
Are all wheeled vehicles, cars, forklifts and other vehicles parked in defined bays?	<input type="checkbox"/>	<input type="checkbox"/>
Are all exit doors clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>
Are directional signs used and if so are they clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are stairs clean and safe to transit?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency personnel have been designated and procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies are accessible and stocked?	<input type="checkbox"/>	<input type="checkbox"/>
Whatever personal protective equipment has been identified as necessary is available and their users have been given adequate training? This equipment must be in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
Material safety data sheets are on file and a Hazardous goods register is accessible to all staff and it is adequately signed?	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES

YES NO

Offices clean and maintained – uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>
Lunchroom, clean and maintained – uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers regularly inspected, marked clearly and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
“No Smoking” Signs where necessary?	<input type="checkbox"/>	<input type="checkbox"/>
All flammables are store in accordance with requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Solvents in safety cans, marked and covered?	<input type="checkbox"/>	<input type="checkbox"/>
Rag containers are covered, marked and emptied daily?	<input type="checkbox"/>	<input type="checkbox"/>
Oil and grease removed from around machinery?	<input type="checkbox"/>	<input type="checkbox"/>
Are pressure relief valves in place as is needed? Are they tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Is all compressed gas stored in corrosion free containers and away from sources of heat and ignition?	<input type="checkbox"/>	<input type="checkbox"/>
Are compressed gas cylinders marked to indicate content and pressure ratings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have certificates from mandatory pressure vessel testings?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff been informed of the dangers of compressed air and have been issued with suitable PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Are all pressure related facilities in accord with relevant design standards and pressure tested requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Ink cans/containers disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation to ensure proper air exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Are all waste materials being appropriately disposed of?	<input type="checkbox"/>	<input type="checkbox"/>
Are all electrical facilities in good working order and maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Toilets clean and stocked?	<input type="checkbox"/>	<input type="checkbox"/>
Outside areas clean and free from accumulations of waste?	<input type="checkbox"/>	<input type="checkbox"/>
All flammable goods etc are stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical goods, tested and tagged?	<input type="checkbox"/>	<input type="checkbox"/>
Is the work area well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES

YES NO

Are storage racks structurally sound?

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Are noise emissions from equipment within acceptable legally defined limits?

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Is all waste removed regularly?

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Please specify any other matters regarding the facility?

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REPORT SECTION

List anything you wish to, about this equipment

Comment on equipment's condition:

Excellent
 Very Good
 Good
 Fair
 Don't Use

Have you missed anything? Yes No