

Health and Safety Workplace Inspection Checklist

This checklist is intended as a prompt for things to look for in the course of a visit to all areas of your department. Give more detailed consideration where necessary. Disregard irrelevant items and make additions to the list if appropriate: see the departmental risk assessments for ideas of things to add to the list. When you see problems, note them in the comments column for follow up later. This inspection is about the physical environment.

Site: Click to enter text. Department: Click to enter text. Reviewer: Click here to enter text. Date: Select date.

	Topic	Subject	OK	Issue	NA	Comments	
Environment	Lighting	Sufficient, suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Heating	Suitable, working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Ventilation	Adequate, working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Workplace	Adequate space		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
		Storage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
		Facilities (toilets, drinking water, eating etc)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
		Trip and slip hazards, floor condition.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Noise	Hazardous? Nuisance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Humidity	Adequate? Not excessive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
Housekeeping	Tidy, clean, adequate storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.		
Window Checks	Checked frequently for glazing condition, restrictors working, window locking device (inc. key) control/management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.		
Equipment	General	Suitable? Well sited? Adequately maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Safe in use? Safe when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Electrical Sockets	Sufficient, well placed, securely fixed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Cables, Plugs	Good condition, well placed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Display Screens	Condition and positions of hardware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Chair, screen, keyboard and mouse positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Reflections/glare, Work patterns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Information to users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Gas Cylinders	Secured? Correct size for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
Specialist	Fit for purpose, maintained, staff trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.		
Hazardous Substances	General	Risks assessed? Precautions implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Storage adequate, staff informed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Drugs	COSHH assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
		Access control, disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	
	Body Fluids	Spillage procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	

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Waste Control	Domestic Waste	Collected? Tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Sharps	Procedures adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
		Containers available, secure? Collected? Not overfilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Glass	Segregated? Containers available? Collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Clinical Waste	Segregated? Policy adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Chemical Waste	Correct disposal? Documented system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
PPE	Selection	Appropriate for risks? Suitable for users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Provision	Available? Training? System for replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Use	Used, supervised/enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Maintenance	System established? Done? Documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
First Aid	Training	First aider accessible? Training up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Posters	Up to date? Out-of-hours cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Boxes	Available? Marked? Properly stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Sharps Injury	Procedure established and made known?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Manual Handling	Avoidance	Man. handling tasks reduced to minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Aids	Provided, available, used, maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Space	Not constricted? Well laid out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Storage	Suitable heights, adequate, cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Security	Access	Access control: check for weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Storage	Valuables? Drugs? Sharps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Lighting	External routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
	Violence	Alarm call system, communications, Layout of rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Local Checks	<i>List here the things you think should be checked on regularly in your work environment and include them in your inspections.</i>					
	New Topic	New Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
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Action Plan				
Item	Action Required	Action By	Date for Completion	Comments