Health and Safety Inspection Checklist

Workplace Name/Location

Date of Inspection

Inspector Name

INSTRUCTIONS:

Use this checklist to evaluate workplace health and safety standards by assessing each item and selecting the appropriate response (Yes, No or N/A). Record any hazards, non-conformities, or opportunities for improvement in the observations section, together with any corrective actions and follow-up requirements.

GENERAL SAFETY

Emergency Exits: Verify that emergency exits are clearly marked and unobstructed.	☐ Yes	☐ No	☐ NA
Exit Signs and Lighting: Check if exit signs are illuminated and visible in case of power failure.	☐ Yes	☐ No	☐ NA
Evacuation Plan: Ensure that the workplace has an updated evacuation plan posted.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

FIRE SAFETY

Fire Extinguishers: Inspect fire extinguishers for proper type and maintenance.	☐ Yes	☐ No	☐ NA
Fire Alarm System: Verify that the fire alarm system is in working condition.	☐ Yes	☐ No	☐ NA
Fire Drills: Check if regular fire drills are conducted with documented results.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

HAZARDOUS MATERIALS

Hazard Communication: Ensure that hazardous materials are properly labeled and SDS are available.	☐ Yes	☐ No	☐ NA
Chemical Storage: Verify that chemicals are stored according to safety regulations.	☐ Yes	☐ No	☐ NA
Personal Protective Equipment (PPE): Check if PPE is provided and used where needed.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

WORK ENVIRONMENT

Lighting: Inspect the workplace for adequate lighting in all areas.	☐ Yes	☐ No	☐ NA
Ventilation: Verify that the ventilation system is functioning properly.	☐ Yes	☐ No	☐ NA
Temperature: Ensure that the workplace temperature is within a comfortable range.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

ERGONOMICS

Workstations: Check if workstations are set up ergonomically for employee comfort and safety.	☐ Yes	☐ No	☐ NA
Lifting and Handling: Ensure that proper lifting and handling techniques are followed.	☐ Yes	☐ No	☐ NA
Seating: Verify that seating is provided and appropriate for the tasks performed.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

ELECTRICAL SAFETY

Electrical Cords: Inspect electrical cords for damage or fraying.	☐ Yes	☐ No	☐ NA
Outlets and Receptacles: Check if outlets and receptacles are in good condition.	☐ Yes	☐ No	☐ NA
Overload Protection: Ensure that electrical circuits are not overloaded.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE Assessments: Review PPE assessments to ensure employees have appropriate PPE.	☐ Yes	☐ No	☐ NA
PPE Training: Verify that employees are trained on the proper use of PPE.	☐ Yes	☐ No	☐ NA
PPE Condition: Check the condition and fit of PPE regularly.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

FIRST AID AND MEDICAL FACILITIES

First Aid Kits: Inspect first aid kits for completeness and accessibility.	☐ Yes	☐ No	☐ NA
Emergency Numbers: Ensure that emergency numbers and contacts are posted.	☐ Yes	☐ No	☐ NA
Medical Facilities: Verify the availability of medical facilities or nearby clinics.	☐ Yes	☐ No	☐ NA

Observations / Notes / Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or Health and Safety checklist observations made during the inspection]

STATEMENT OF INSPECTION

I confirm that this inspection has been conducted and that all observations have been recorded accurately. Where deficiencies or hazards have been identified, appropriate corrective actions and follow-up requirements have been documented.

Inspector's Name :

Date :

Signature :

APPROVED BY

Name :

Date :

Signature :