

	ITEMS	RESPONSE
1. Fire		
	- Extinguishers are in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Are clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Have been serviced in the past 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Area around extinguisher is clear for a 1-meter radius	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Fire exit signs are in working order	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Exit doors are not blocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Exit doors can easily be opened	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Fire alarm is in working order	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Emergency plan is displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Emergency drill carried out within the last 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Electrical		
	- No broken plugs, sockets or switches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- No frayed or damaged leads	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Portable power tools in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- No temporary leads on the floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Testing and tagging of electrical items has been attended within the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. General Lighting		
	- Light fittings are in good working condition and are clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Emergency lighting is operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Walkways		
	- No oil or grease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Walkways are clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Walkways are clear of obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- There is unobstructed vision at intersections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	- Stairs not blocked and are in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



5. Rubbish				
- Bins are located at suitable points	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Bins are not overflowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Bins are emptied regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Work Benches				
- Clear of rubbish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Tools are stored properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Adequate work height	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- No sharp edges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Storage				
- Materials stored in racks in a safe manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Pallets are in good condition (no broken wood)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Floor around racking is clear of rubbish or obstacles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Racking is in good condition, no damaged uprights, beams etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Chemicals				
- SDS for all chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- SDS Register is available and up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Containers are clearly and accurately labelled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- All chemicals are stored in accordance with the SDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. First Aid				
- First aid kits and contents clean and orderly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- First aid kit is adequately stocked (as per the Schedule in the kit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Easy access to first aid kits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- All employees are aware of location of first aid kits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- At least one worker on site with current Senior First Aid cert	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Floors				
- Even surface with no large cracks, holes or trip hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Floors are not obstructed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Floors are free from grease, oil, etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

11. Office				
- No exposed leads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Air conditioning working adequately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Filing cabinets are stable and in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Workers' chairs at correct height (knees at right angles, feet flat)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Workers' monitors correct distance (arm's length away when seated)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Workers' monitors correct height (eyes in line with top of screen)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Workers' mouse located beside keyboard (allows relaxed arms and wrists)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Workers' keyboard located near edge of desk (allows relaxed arms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12. Display Material				
- "No smoking" signs are displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- "Staff only" or "Restricted area" signs are displayed in relevant areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- "Report that Hazard" poster displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Safety noticeboard is available and up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
13. WHS Information				
- WHS Manual available to staffs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Incident report form available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Hazard report forms available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Emergency evacuation plan displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
- Training records up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

NOTE: Please complete this form and forward this to the Facilities Manager/ Facilities In-charge

Action taken by AIBL Staff:	
Further Action Required:	
Signature:	
