

This Workplace Health and Safety (WHS) inspection checklist is designed to identify and put in place strategies to eliminate or control workplace hazards. The Head of Work Unit must ensure that all Workplace Inspection Checklists are retained and all corrective actions are followed through and completed. All Hazards are to be reported via the **RiskWare** system. Building/infrastructure issues are to be reported to Property Services for actioning via the **Archibus** system.

**Workplace Inspection Elements**

You will need to check appropriate box under each element. Details are required where “**No**” is checked.

**Mandatory fields are marked with an asterisk (\*).** All other fields are completed where relevant

More help: <https://www.scu.edu.au/secure/hr-services/information-for-safety-support-officers/> or contact [whs@scu.edu.au](mailto:whs@scu.edu.au)

Workplace			
*Location			
Campus/Other:	Building:	Level:	Room(s):
*Business Unit			
Faculty/Work unit:	Work group:	Additional:	
Reference Information (Additional information – free text)			
Inspection Team and Dates			
*Participant Names			
Management Representative/Manager/Supervisor/SSO present:		Other staff/students present:	
Staff from the work area present:			
*Dates (if completed in one day the Start/End dates will be the same)			
Start Date:		End Date:	

**Access and Environment Guidance**

Area is tidy and well kept. Floor is free of obstructions, slip/trip hazards. Access to work areas is suitable. Temperature is comfortable. Lighting and ventilation are adequate. Overhead objects are secure, including stored items, fittings and fixtures. Stand alone and fixed shelving, compactus and pallet racking appropriately used, maintained and in good condition. Noise level is acceptable/adequately controlled. Warning and safety signage in good condition.

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed	
		Notes (if required)	

**Work Area Guidance**

Works station design ergonomically, chairs is good condition and is adjustable to allow feet to touch the floor, desk is at correct height to allow for forearms to be parallel to floor and is maintained and functional, computer monitors are located at operators eye level, filling cabinets and furniture sturdy and stable.

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed	
		Notes (if required)	

**Manual Handling Guidance**  
 Repetitive manual handling tasks have been minimized (storage/work design/planning). Frequently used items are accessible between knee and shoulder. Platforms, steps or portable ladders are available to access items stored on high shelves. Trolleys and load-shifting equipment available for heavy items and loads.

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed  Notes (if required)	

**Electrical Guidance**  
 Electrical leads and equipment in good condition. Electrical leads are off the floor or placed away from walkway. Double adaptors are not in use. Extension leads/power boards not used as permanent connections. Switchboards/Distribution cupboards secured/locked. Test and Tag has been completed/in date

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed  Notes (if required)	

**Workplace amenities guidance**

Toilets and washrooms and sanitary conveniences are clean and well maintained, infection control guidance displayed. Kitchens are clean and maintained, rubbish bins are supplied and covered, fire equipment is available where applicable.

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed	
		Notes (if required)	

**Emergency Procedures and Equipment Guidance: Using the emergency map in the area to be inspected**

Exit doors and paths unobstructed. First aid kits available/accessible, adequately stocked and contents "in date". Evacuation diagrams and emergency procedures available. Names and contacts of first aiders and wardens displayed. Emergency and hazard signage is clearly visible. Fire equipment available/accessible and tested within the last 12 months.

Yes  No  Not applicable

*Findings/Observations (Area/room #):	*Corrective actions/RiskWare #/Archibus #	*Person Responsible:	*Due date
		*Not yet started/Underway/Completed	
		Notes (if required)	

**Head of Work Unit Declaration – The corrective action items in this inspection report are being addressed via the appropriate channels (e.g. Archibus/RiskWare)**

<b>Head of Work Unit Name</b>	
<b>Head of Work Unit Signature</b>	
<b>Date</b>	

**Revision Register**

Title	Workplace Safety Checklist- General			
Description	Safety Support Officer Checklist for low risk areas			
Created By	Workplace Health and Safety – HR Services			
Date Created	2023			
Maintained By	Workplace Health and Safety- HR Services			
Version Number	Modified By	Modifications Made	Date Modified	Status
V1	Michael Karkkainen	Initial draft based on Uni Melb document.	26/06/2023	Draft
V2	Michael Karkkainen	Draft updated from feedback obtained from FSE staff	27/07/2023	Draft
V3	Jessica Arana	Draft formatting updated	19/09/2023	Draft
V4	Jessica Arana	Draft formatting updated	26/09/2023	Final