**PRE-PURCHASE CHECKLIST**

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| Complete this form **PRIOR** to the **INITIAL** purchase of goods (i.e. materials, hazardous chemicals, plant and equipment) where the risk level is considered **HIGH** or **MEDIUM** (use Guide below). Form to be completed and any risk assessments provided by the person requesting the purchase.  Note: For subsequent purchases of the exact same item to be used in exactly the same manner will not require a Pre Purchase checklist nor any associated risk assessments to be completed.   |  |  |  | | --- | --- | --- | | **EXAMPLES OF GOODS** | **RISK RATING** | **DOCUMENTATION** | | Consumables (e.g. handtowel, toilet paper, hand soap), Materials (e.g. cloths, buckets, mops, signage, food & beverage, stationary, perishables) domestic electrical equipment. Non-hazardous chemical’s such as soaps, dishwashing liquid. | Low | Pre-purchase risk documentation is not required however the person purchasing, ordering or requesting the information must still ensure that the goods do not pose a risk to health and safety. | | Furniture, Chairs, Computers, Keyboards, Cabinets, Screens, PPE, hand trolley. | Medium | Pre Purchase Checklist (046F) | | Hazardous chemicals such as diesel, petrol, corrosives, and flammables. Plant and Equipment such as vacuum cleaners, sweepers, ride on mowers, vehicles, trucks, powered trolleys,3 D printers, laser cutter, solar panels etc. | High | Pre Purchase Checklist (046F)  [Hazardous Chemical Risk Assessment (009F)](https://www.cshwsa.org.au/download/4180/)(where required)  [Plant & Equipment Checklist (010F)](https://www.cshwsa.org.au/download/4156/) (where required)  [Hazardous Manual Tasks Risk Assessment (047F)](https://www.cshwsa.org.au/download/4224/) (where required) | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS** | | | | | | | | | | | | | | | | |
| **Site Name:** | |  | | | | | | | | | | **Date Completed** | | |  | |
| **Workers exposed or affected:** | |  | | | | | | | | | | | | | | |
| **Name of Purchaser:** | |  | | | | | | | | | | | | | | |
| **Product Name:** | |  | | | | | | | | | | | | | | |
| **Description of goods to be purchased:** | |  | | | | | | | | | | **QUANTITY** | | | | |
|  | | | | |
| **Intended Use:** | |  | | | | | | | | | | Specialised one-off use | | | | |
| Regular use | | | | |
| **Supplier:** | |  | | | | | | | | | | **EXISTING SUPPLIER** | | | | |
| Yes  No | | | | |
| **Manufacturer:** | |  | | | | | | | | | | | | | | |
| **RISK LEVEL:**  *Refer to Risk Matrix* | | **HIGH**  **(20 – 25)** | | | | **MEDIUM**  **(11 – 19)** | | | | | | | **LOW**  **(1-10)** | | | |
| **Purchase Order No. / Reference:** | |  | | | | | | | | | | | | | | |
| **CHECKLIST** | | | | | | | | | | | | | | | | |
| *Use this checklist to assist the risks associated with the purchase of the goods and introduction into the workplace. If there are any corrective or improvement actions required, completed the Corrective Actions section at the end of this form.* | | | | | | | | | | | | | | | | |
| **ASSESSMENT** | | | | **Yes** | | | **No** | **N/A** | | **COMMENTS** | | | | | | |
| **1. General Considerations** | | | |  | | |  |  | |  | | | | | | |
| Have the groups of workers / users / other people who will be affected been identified?  *e.g. workers, visitors, client, delivery people, public, installation people, maintenance workers* | | | |  | | |  |  | |  | | | | | | |
| Is there a safer alternative available? | | | |  | | |  |  | |  | | | | | | |
| Do the purchase specifications include the requirement to comply with health and safety legislation and relevant Australian Standards? | | | |  | | |  |  | |  | | | | | | |
| Have the relevant workers potentially affected by this purchase been consulted (i.e. workers / persons who will use, maintain, store, transport or dispose of the goods)? | | | |  | | |  |  | |  | | | | | | |
| Has a demonstration or trial been considered / planned for the item? | | | |  | | |  |  | |  | | | | | | |
| Has a hazard and risk assessment been obtained from the supplier / manufacturer for the item? | | | |  | | |  |  | |  | | | | | | |
| Have instruction manuals and information about safe use been obtained? | | | |  | | |  |  | |  | | | | | | |
| Have inspection, testing and/or monitoring requirements been considered and scheduled? | | | |  | | |  |  | |  | | | | | | |
| Have emergency planning implications including first aid, fire and spills been considered? | | | |  | | |  |  | |  | | | | | | |
| Has consideration been given to any new or amended waste disposal arrangements? | | | |  | | |  |  | |  | | | | | | |
| Has the safe re-use, disposal or return of any excess or unwanted goods been considered? | | | |  | | |  |  | |  | | | | | | |
| Have verification of item conformance with specified requirements upon receipt been considered? | | | |  | | |  |  | |  | | | | | | |
| **2. Impact on Premises / Working Environment** | | | |  | | |  |  | |  | | | | | | |
| Has consideration been given to security?  *e.g. restricted access, locks, immobilisers, etc.* | | | |  | | |  |  | |  | | | | | | |
| Has safe layout, storage and access been considered? | | | |  | | |  |  | |  | | | | | | |
| Has consideration been given to new, additional or replacement signage requirements? | | | |  | | |  |  | |  | | | | | | |
| Has consideration been given to atmospheric contamination, noise, fumes, vapours, dusts, heat, cold, lighting, etc. | | | |  | | |  |  | |  | | | | | | |
| Will health assessment / surveillance be required? | | | |  | | |  |  | |  | | | | | | |
| Will modifications to the working environment be necessary? | | | |  | | |  |  | |  | | | | | | |
| If modifications to the work environment are required have design control requirements been followed? | | | |  | | |  |  | |  | | | | | | |
| **3. Impact on Work Practices** | | | |  | | |  |  | |  | | | | | | |
| Has consideration been given to PPE requirements? | | | |  | | |  |  | |  | | | | | | |
| Have ergonomic issues been considered? | | | |  | | |  |  | |  | | | | | | |
| Will workers be exposed to hazardous manual handling? | | | |  | | |  |  | |  | | | | | | |
| If so, has Hazardous Manual Tasks Risk Assessment (047F) been completed? | | | |  | | |  |  | | (Attach to Pre Purchase Checklist) | | | | | | |
| Has consideration been given to safe materials handling?  *i.e. use, storage/stacking, transport, maintenance, disposal / re-use / return* | | | |  | | |  |  | |  | | | | | | |
| Have training, instruction, work instruction requirements and supervision needs been considered for users / maintainers? | | | |  | | |  |  | |  | | | | | | |
| **4. Personal Protective Equipment** | | | |  | | |  |  | |  | | | | | | |
| Does the PPE have the relevant Australian Standard marking? | | | |  | | |  |  | |  | | | | | | |
| Have PPE fitting requirements been considered? | | | |  | | |  |  | |  | | | | | | |
| Have adverse effects of PPE on workers been identified? | | | |  | | |  |  | |  | | | | | | |
| Is the PPE suitable for the purpose? | | | |  | | |  |  | |  | | | | | | |
| **5. Office Furniture** | | | |  | | |  |  | |  | | | | | | |
| Are the desks, workstations, swivel chairs, fixed chairs compliant with the relevant Australian Standards? | | | |  | | |  |  | |  | | | | | | |
| **6. Chemicals** | | | |  | | |  |  | |  | | | | | | |
| Has a current Safety Data Sheet been supplied (less than 5 years old)? | | | |  | | |  |  | |  | | | | | | |
| Has storage / segregation requirements been considered? | | | |  | | |  |  | |  | | | | | | |
| If the chemical is “hazardous” or “dangerous” has a risk assessment been completed using Hazardous Chemical Risk Assessment (009F) or equivalent? | | | |  | | |  |  | | (Attach to Pre Purchase Checklist) | | | | | | |
| **7. Plant and Electrical Equipment** | | | |  | | |  |  | |  | | | | | | |
| Does the plant require registration? | | | |  | | |  |  | |  | | | | | | |
| Is an operator licence / certificate of competency required? | | | |  | | |  |  | |  | | | | | | |
| Does the plant meet relevant Australian Standard requirements? | | | |  | | |  |  | |  | | | | | | |
| Have plant / equipment specifications been provided? | | | |  | | |  |  | |  | | | | | | |
| Have warning devices (including alarms, lights, detectors, isolators) been considered? | | | |  | | |  |  | |  | | | | | | |
| Have suitable guarding / emergency stops / safety devices been considered? | | | |  | | |  |  | |  | | | | | | |
| Are Residual Current Devices (RCDs) fitted for the use of the plant / equipment? | | | |  | | |  |  | |  | | | | | | |
| Have testing and tagging requirements been considered? | | | |  | | |  |  | |  | | | | | | |
| Are there any installation / commissioning requirements? | | | |  | | |  |  | |  | | | | | | |
| Has the safe maintenance of the plant / equipment been considered including any isolation / lock-out tag-out requirements? | | | |  | | |  |  | |  | | | | | | |
| For mobile plant, has traffic management been considered? | | | |  | | |  |  | |  | | | | | | |
| If modifications to plant are required, have design control requirements been followed? | | | |  | | |  |  | |  | | | | | | |
| **8. Other** Please detail any other safety information about the item below. | | | |  | | |  |  | |  | | | | | | |
|  | | | |  | | |  |  | |  | | | | | | |
|  | | | |  | | |  |  | |  | | | | | | |
| **CORRECTIVE ACTIONS** | | | | | | | | | | | | | | | | |
| Complete action plan below to address any items identified above. | | | | | | | | | | | | | | | | |
| **List the corrective actions** | | | | | **Priority**  **(H, M, L)** | | | | **By Whom** | | | | | **By When** | | |
| 1. | | | | |  | | | |  | | | | |  | | |
| 2. | | | | |  | | | |  | | | | |  | | |
| 3. | | | | |  | | | |  | | | | |  | | |
| **Sign Off** | | | | | | | | | | | | | | | | |
| **Person(s)**  *insert others as required* | **Name** | | **Job Title** | | | | | | | | **Signature** | | | | | **Date** |
| Requester |  | |  | | | | | | | |  | | | | |  |
| **Approval** | | | | | | | | | | | | | | | | |
| Manager |  | |  | | | | | | | |  | | | | |  |
| *If the purchase is not approved, please insert reason(s).* | | | | | | | | | | | | | | | | |