**WORKPLACE INSPECTION CHECKLIST SCIENCE AREAS**

*To be customised to suit specific site environment*

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| NAME OF WORKSITE / LOCATION:       | DATE:       |
| AREA INSPECTED:       | INSPECTED BY:       |
| FIRE AND EMERGENCY | YES | NO | N/A | ACTION / COMMENTS |
| Firefighting equipment (extinguishers, blankets, hose reels) clearly visible and suitable signage in place? (distance visible from 20 m) | [ ]  | [ ]  | [ ]  |       |
| Is the access to the firefighting equipment (extinguishers, blankets, hose reels) unobstructed? (1 m square) | [ ]  | [ ]  | [ ]  |       |
| Firefighting equipment in place (extinguishers, blankets, hose reels), serviced within the last 6 months, tag stamped, correctly charged (fire extinguishers) & clearly marked for type of fire? | [ ]  | [ ]  | [ ]  |       |
| Sprinklers unobstructed? | [ ]  | [ ]  | [ ]  |       |
| Location of all emergency equipment including alarms, emergency shut off devices, showers, eye wash stations, spill kits etc. clearly visible and suitable signage in place? | [ ]  | [ ]  | [ ]  |       |
| Clear access is available to all emergency equipment, including alarms, emergency shutoff devices, showers, eye wash stations and spill kits etc.? | [ ]  | [ ]  | [ ]  |       |
| Are evacuation plans displayed? Are they current (within 5 year date)? Are fire extinguishers clearly marked on the evacuation plans? | [ ]  | [ ]  | [ ]  |       |
| Emergency lighting and exit signs functioning correctly? | [ ]  | [ ]  | [ ]  |       |
| Where a door is designated as an emergency exit, does it open outwards? If the answer is ‘No’ is there a device that enables the door to be held open? | [ ]  | [ ]  | [ ]  |       |
| Exit doors open easily from the inside, without a key? | [ ]  | [ ]  | [ ]  |       |
| Doors easily secured for lock-ins? (no key required) | [ ]  | [ ]  | [ ]  |       |
| Exits free from obstructions? (internally and externally) | [ ]  | [ ]  | [ ]  |       |
| Fire doors close properly? – (not chocked (wedged) open) | [ ]  | [ ]  | [ ]  |       |
| Emergency phone numbers clearly displayed? | [ ]  | [ ]  | [ ]  |       |
| Emergency isolation devices for gas/electricity in place and regularly tested? | [ ]  | [ ]  | [ ]  |       |
| Floors free from defects, clear of leads, cables etc.? | [ ]  | [ ]  | [ ]  |       |
| Glass in door panels & other panels clearly marked? | [ ]  | [ ]  | [ ]  |       |
| ELECTRICAL | YES | NO | N/A | ACTION / COMMENTS |
| No cracked or broken switches? | [ ]  | [ ]  | [ ]  |       |
| All plug in type electrical equipment fitted with a current inspection & test tag? | [ ]  | [ ]  | [ ]  |       |
| No frayed or damaged leads? | [ ]  | [ ]  | [ ]  |       |
| All electrical cables tied or positioned as to prevent anyone tripping over them? | [ ]  | [ ]  | [ ]  |       |
| Electrical tools and appliances in good condition? | [ ]  | [ ]  | [ ]  |       |
| No double adaptors or piggy back plugs in use? | [ ]  | [ ]  | [ ]  |       |
| Power boards have overload protection (normally a small push button near where the lead is) and powerboards/appliances etc. not suspended from leads? | [ ]  | [ ]  | [ ]  |       |
| No strained leads? | [ ]  | [ ]  | [ ]  |       |
| Electrical leads, tools, appliances etc. well clear of wet/damp conditions? | [ ]  | [ ]  | [ ]  |       |
| Residual Current Devices (RCD’s) or safety switches in place and used where required? | [ ]  | [ ]  | [ ]  |       |
| Electrical leads & extension cords not exposed to risk of damage from traffic, equipment, trolleys, sharp edges, weights etc.? | [ ]  | [ ]  | [ ]  |       |
| Electrical cabinets’ secured and unobstructed access available? | [ ]  | [ ]  | [ ]  |       |
| VENTILATION | YES | NO | N/A | ACTION / COMMENTS |
| Where required, is there floor level extraction? | [ ]  | [ ]  | [ ]  |       |
| Is the fume hood rated explosion proof? | [ ]  | [ ]  | [ ]  |       |
| Is the fume hood in current test date? | [ ]  | [ ]  | [ ]  |       |
| HAZARDOUS CHEMICALS | YES | NO | N/A | ACTION / COMMENTS |
| Hazardous Chemical Register available? | [ ]  | [ ]  | [ ]  |       |
| Chemicals are clearly labelled? | [ ]  | [ ]  | [ ]  |       |
| Chemicals stored in designated storage areas? | [ ]  | [ ]  | [ ]  |       |
| Decanted bottles containing hazardous or other substances are labelled? | [ ]  | [ ]  | [ ]  |       |
| PPE available, maintained and good working order? | [ ]  | [ ]  | [ ]  |       |
| Storage areas clean and dry? | [ ]  | [ ]  | [ ]  |       |
| Safety Data Sheets (SDS’s) available? | [ ]  | [ ]  | [ ]  |       |
| Hazardous chemicals risk assessed, where required? | [ ]  | [ ]  | [ ]  |       |
| Is there sufficient number and type of dedicated cabinets for storage of hazardous chemicals? | [ ]  | [ ]  | [ ]  |       |
| Are there appropriate spill kits available? (e.g. if have mercury, is a mercury spill kit available?) | [ ]  | [ ]  | [ ]  |       |
| LIGHTING | YES | NO | N/A | ACTION / COMMENTS |
| Are lights working correctly e.g. not flickering? | [ ]  | [ ]  | [ ]  |       |
| Are the lights clean? | [ ]  | [ ]  | [ ]  |       |
| Is the room lighting adequate for activities conducted? | [ ]  | [ ]  | [ ]  |       |
| Light covers in place where there is a potential for damage/injury? | [ ]  | [ ]  | [ ]  |       |
| Is emergency lighting provided where necessary e.g. rooms without windows? | [ ]  | [ ]  | [ ]  |       |
| WASTE DISPOSAL | YES | NO | N/A | ACTION / COMMENTS |
| Are chemical wastes stored according to their hazard type? | [ ]  | [ ]  | [ ]  |       |
| Are there a sufficient number of chemical waste containers? | [ ]  | [ ]  | [ ]  |       |
| Are there separate chemical waste containers for liquid, broken glass/sharps? | [ ]  | [ ]  | [ ]  |       |
| Are the waste containers properly marked to indicate contents? | [ ]  | [ ]  | [ ]  |       |
| Are acid traps (neutralisation tanks) inspected and serviced annually? | [ ]  | [ ]  | [ ]  |       |

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| PERSONAL PROTECTIVE EQUIPMENT (PPE) | YES | NO | N/A | ACTION / COMMENTS |
| Is suitable eye protection provided, including face shields? | [ ]  | [ ]  | [ ]  |       |
| Is there sufficient number of safety goggles to provide for each user? | [ ]  | [ ]  | [ ]  |       |
| Is there a range of protective gloves available (*disposable, rubber and heat resistant*)? | [ ]  | [ ]  | [ ]  |       |
| Is there a maintenance program in place to clean and check PPE? | [ ]  | [ ]  | [ ]  |       |
| GAS CYLINDERS | YES | NO | N/A | ACTION / COMMENTS |
| Are gas cylinders properly secured to prevent tipping? | [ ]  | [ ]  | [ ]  |       |
| Are the gas cylinders equipped with pressure regulator valves? | [ ]  | [ ]  | [ ]  |       |
| Are the gas cylinders within the expiry date shown? | [ ]  | [ ]  | [ ]  |       |
| Is there a gas cylinder trolley available? | [ ]  | [ ]  | [ ]  |       |
| SINKS AND DRAINS | YES | NO | N/A | ACTION / COMMENTS |
| Are all sinks and drains clear and running freely? | [ ]  | [ ]  | [ ]  |       |
| Are acid traps (*neutralisation tanks*) inspected and serviced annually? | [ ]  | [ ]  | [ ]  |       |
| Are sludge pits (*traps*) inspected and serviced annually? (conducted by SA Water) | [ ]  | [ ]  | [ ]  |       |
| Have back flow valves been tested annually? | [ ]  | [ ]  | [ ]  |       |
| EMERGENCY SHOWER / EYEWASH | YES | NO | N/A | ACTION / COMMENTS |
| Emergency shower / eyewash in place and signed? | [ ]  | [ ]  | [ ]  |       |
| Travel distance to emergency shower / eyewash is less than 10 seconds? | [ ]  | [ ]  | [ ]  |       |
| Monthly and yearly inspections completed? | [ ]  | [ ]  | [ ]  |       |
| RADIOACTIVE MATERIALS | YES | NO | N/A | ACTION / COMMENTS |
| Where applicable, are radioactive sources stored in lead-lined containers? | [ ]  | [ ]  | [ ]  |       |
| Have the containers been tested for radiation leakage? | [ ]  | [ ]  | [ ]  |       |
| Is the last date of check within test period? | [ ]  | [ ]  | [ ]  |       |

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| OTHER: |
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|       |
| CORRECTIVE ACTIONS |
| Complete action plan below or use sites corrective action system to implement controls to eliminate or minimise the risk. |
| List the corrective actions | Priority(H, M, L) | By Whom | By When |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |