**CHECKLIST FOR WORKPLACE HEALTH, SAFETY AND WELFARE**

This checklist is a basic inspection aid to checking temperature and ventilation in the workplace and identifying problems and key issues. It is not intended as a comprehensive technical document. You can use this checklist as a basis to investigate complaints about the environmental conditions in the building.

One way to identify a problem is by talking to your staff or doing a survey. This may also build their support for solving the problem.

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| --- | --- | --- |
|  | Yes/No | Findings / Action |
| **GENERAL WORKPLACE** |  |  |
| Is the access to the workplace suitable for all users? |  |  |
| Are workplaces kept tidy and uncluttered? |  |  |
| Are corridors / walkways free from obstructions? |  |  |
| **TEMPERATURE AND VENTILATION** |  |  |
| Is the temperature in your workplace normally at least 16°C? |  |  |
| Is a reasonably comfortably temperature achieved throughout the workplace? |  |  |
| Is it possible to open the windows to introduce fresh air? |  |  |
| Is the workplace sufficiently well ventilated to remove stale air at a reasonable rate? |  |  |
| Are any members of staff exposed to uncomfortable draughts in any area? |  |  |
| Are there maintenance and cleaning programmes for ventilation equipment? |  |  |
| **LIGHTING** |  |  |
| Is there adequate lighting to enable people to work safely? |  |  |
| Does the artificial lighting cause glare which may impede undertaking work task? |  |  |
| Where sunlight causes glare, are blinds / curtains fitted? |  |  |
| **SPACE** |  |  |
| Is the workplace clean and do workrooms have enough free space to allow people to move about with ease? |  |  |
| **CLEANLINESS** |  |  |
| If workplace facilities are shared with another business do you have clearly defined responsibilities in respect of common parts? |  |  |
| Are workplaces cleaned regularly to a standard suitable for the area? |  |  |
|  |  |  |
| **SAFETY** |  |  |
| Is your workplace equipment in efficient working order? |  |  |
| Are floors sound and strong enough for loads and of sufficient width to allow people and vehicles to circulate safely with ease? |  |  |
| Are staircases adequately fenced? |  |  |
| Is a suitable handrail provided to the staircase? |  |  |
| Is adequate fencing provided to prevent people falling from heights or objects falling on people? |  |  |
| Windows/glazed doors/ - are they protected and are they made of safety glass? Where they pose a possible risk to people coming into contact with the glazing and being hurt is such glazing clearly marked? |  |  |
| **DRINKING WATER** |  |  |
| Is there an adequate supply of wholesome drinking water on the premises? |  |  |
| **SANITARY CONVENIENCES AND WASHING FACILITIES** |  |  |
| Are suitable and sufficient sanitary conveniences and washing facilities provided at readily accessible places? |  |  |
| Are the rooms containing them kept clean, adequately ventilated and well lit? |  |  |
| Are disposal facilities for sanitary protection provided? |  |  |
| Are washing facilities provided with hot and cold, or warm water with soap and drying facilities? |  |  |
| **ACCOMMODATION AND FACILITIES FOR CLOTHING** |  |  |
| Do workers have to change into special work clothing and if so are facilities provided? |  |  |
| Are facilities adequate, suitable and secure to store workers clothing and special clothing? |  |  |
| **FACILITIES FOR REST AND TO EAT MEALS** |  |  |
| Are there suitable and sufficient facilities for rest and eating meals? |  |  |
| Are disabled workers catered for adequately? |  |  |
| Are pregnant women and nursing mothers catered for adequately? |  |  |

**HEALTH & SAFETY WORKPLACE INSPECTION SUMMARY**

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| |  |  |  |  | | --- | --- | --- | --- | | **Health & Safety Workplace Inspection Summary** | | | | | **Area:** | | **Date:** | | | **Inspection completed by:** | | | | | **Signature:** | | | | | **Actions Completed since last Workplace Inspection:** | | | | |  | | | | | **Findings of current Workplace Inspection:** | | | | | **Area of Inspection** | **Findings** | | **Action Taken** | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |

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| |  |  |  | | --- | --- | --- | | **Health & Safety Workplace Inspection Summary cont.** | | | | **Further actions required:** | | | | **Area of Inspection** | **Action Required** | **Risk Assessment Completed** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |