

Health & Safety Checklist

Inspection of Storage Areas

The Inspection Checklist is designed to be used several times a year to identify hazards in the general storage of equipment and chemicals. Your school Workplace Health and Safety Officer could assist with an inspection at least once a year.

Inspection Ratings

Yes - Acceptable; continue to monitor

No - Unacceptable; action is required

N/A - Not Applicable

Risk Priority

High - urgent situation requiring attention now.
Report immediately to school management.

Moderate - attend to within 1-2 weeks

Minor - requires attention this term

General Equipment

	Yes	No	N/A
Are storage areas generally clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are storage facilities adequate for the amount & type of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is security for equipment storage adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are free standing shelves and cupboards secured for stability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are heavy items stored at a suitable height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are items stored within shelves with no overhangs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are containers used for storage suitable and clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate light in the storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all small loose items secured in appropriate storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Equipment - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor		
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is responsible for implementing control measures?			

Powered Equipment

	Yes	No	N/A
Are operators trained in the use of powered equipment and training records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all equipment maintained in accordance with manufacturers' instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of maintenance kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are suitable safety guards fitted where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all required safety measures fitted and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are equipment emergency stops fitted where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is suitable PPE available for the safe operation of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Powered Equipment - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor		
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is responsible for implementing control measures?			

Personal Protective Equipment	Yes	No	N/A
Is sufficient and suitable PPE is provided for work tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is PPE clean and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all PPE safe from damage, loss, contamination or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor		
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is responsible for implementing control measures?			

Fuels/Oils	Yes	No	N/A
Are all fuels and oils stored in a bunded area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all fuels and oils stored separately to other chemicals and PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all fuels and oils stored in approved containers and suitably labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are used oils disposed of in accordance with requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fuels/Oils - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor		
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is responsible for implementing control measures?			

Herbicides and other chemicals	Yes	No	N/A
Is the storage secure, well ventilated and well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the storage bunded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all chemicals stored in manufacturers' containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all containers have clear legible manufacturers' labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a "spill kit" or similar available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there suitable portable fire fighting equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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- Are there Safety Data Sheets available for each of the chemicals?
- Have Risk Assessments been done for the use of each chemical?
- Is there appropriate separation from other chemicals, fuels and PPE?
- Is the housekeeping in the area of an acceptable standard?

Herbicides and other chemicals - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Who is responsible for implementing control measures?	

- Electrical Equipment** **Yes No N/A**
- Are all pieces of portable electrical equipment in current test and tag?
 - Are all pieces of portable electrical equipment in good condition?
 - Are external power points and switches in good condition?
 - If used, is the portable Residual Current Device in good condition, tested regularly, and tests logged?

Electrical Equipment - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Who is responsible for implementing control measures?	

- Documentation** **Yes No N/A**
- Are there manufacturers 'Instruction Manuals' available to the user for all pieces of powered plant and equipment?
 - Are there Risk Assessments available for all high risk activities?
 - Do the users understand the Risk Assessments?

Documentation - What needs to be fixed?	What is the priority of the risk? High / Moderate / Minor
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Who is responsible for implementing control measures?	

Inspection Conducted by: _____

Date: ____/____/____

