

# Warehouse health and safety checklist

## Manufacturing

### AUDIT VERIFICATION

Inspected By

SIGNATURE

### DISASTER MANAGEMENT

Was the Emergency plan current and reflected the actual practice?

Yes

No

NA

Were the appointed Chief wardens, floor wardens, first aides current staff members?

Yes

No

NA

Was the displayed site map marked with the assembling areas?

Yes

No

NA

Were the Trial evacuations completed every 6 months?

Yes

No

NA

Please confirm the Evacuation Trial date

DATE

2017-01-01

Were minutes from the review of the evacuation effectiveness including attendance by staff / staff reps available?

Yes

No

NA

Were the Emergency procedures notice properly displayed?

Yes

No

NA

## HAZARD DETAILS

Was an updated Hazard register available at the time of your visit?

Yes

No

NA

Did you notice hazard Identification being performed and were corrective actions being timely implemented?

Yes

No

NA

Were significant Hazards identified and assessed?

Yes

No

NA

Were the staff members properly trained to perform hazard identification, assessing significance and developing controls?

Yes

No

NA

Did you notice if a proper schedule was in place to monitor significant hazards?

Yes

No

NA

Did you notice if Hazard identification and controls were performed on any new plant, process or materials?

Yes

No

NA

Were all the necessary signages legible, properly erected and placed appropriately?

Yes

No

NA

Did you notice if the procedures to induct or escort visitors were in place?

Yes

No

NA

Was a register being used to keep a track of visitors on site?

Yes

No

NA

## HEALTH AND SAFETY DETAILS

Was Health & Safety Manual is available?

Yes

No

NA

Was the Health & Safety Policy displayed properly?

Yes

No

NA

## INFORMATION OF CONTRACTORS

Did you notice if contractor health and safety performance was being monitored?

Yes

No

NA

## INFORMATION OF CONTRACTORS

Were the current contract inductions available?

Yes

No

NA

Was there availability contractor selection and review, including a health and safety performance assessment?

Yes

No

NA

Was there availability of Contracts including health and safety expectations and responsibilities?

Yes

No

NA

## INVOLVEMENT OF EMPLOYEES

Were Health and Safety committee members properly appointment?

Yes

No

NA

Were Health and safety committee meetings regularly being scheduled and being held?

Yes

No

NA

Were the minutes of the meeting taken and easily available?

Yes

No

NA

## OVERALL CHECK

Please confirm the areas being inspected

☐

Kitchen

☐

Toilets

☐

Warehouse

☐

Offices

☐

Vehicles

Was the floor in safe condition?

Yes

No

NA

Were all the areas clean and tidy?

Yes

No

NA

Was the lighting adequate and in working condition?

Yes

No

NA

Were the doors and windows being properly opened, closed and locked?

Yes

No

NA

Were the power points and cords in safe condition?

Yes

No

NA

Was the area being inspected free of pests?

Yes

No

NA

Were the toilets clean and in working condition?

Yes

No

NA

Were the Taps, basins, sinks and showers clean and in working condition?

Yes

No

NA

Was soap and paper/air towels available?

Yes

No

NA

Did you notice any Hazards in this area?

Yes

No

NA

Can you please elaborate on the same

textarea

Were the Fire hoses and extinguishers certified?

Yes

No

NA

Were the signages of the the Fire hose and extinguisher clean and obvious?

Yes

No

NA

Were the Fire exits clearly marked and unobstructed?

Yes

No

NA

Was the spill kit easily accessible and appropriately stocked?

Yes

No

NA

Were the product neatly stacked?

Yes

No

NA

Was the first aid kit available, easily accessible and appropriately stocked?

Yes

No

NA

Was the Workstation ergonomics adequate?

Yes

No

NA

Was the air conditioning working properly, if installed?

Yes

No

NA

List additional observations and comments

textarea

Were the current year's objectives defined?

Yes

No

NA

Was the Branch site safety and health plan available at the time of your visit?

Yes

No

NA

Were the objectives of the previous financial year reviewed?

Yes

No

NA

## SAFETY MEASURES

Were all the incidents being reported?

Yes

No

NA

Were all the investigations timely completed?

Yes

No

NA

Were the corrective actions timely and properly implemented?

Yes

No

NA

Were the actions taken fed back into the hazard register?

Yes

No

NA

Were any First Aid personnel appointed?

Yes

No

NA

Did the First aid personnel have current certificates

☐ Yes☐ No☐ NA

Were the first aid kits available and appropriately stocked?

☐ Yes☐ No☐ NA

## TRAINING DETAILS

Were the new employees properly inducted?

☐ Yes☐ No☐ NA

Please confirm if the employee records of any 3 new joiners was properly managed?

☐ Yes☐ No☐ NA

Was the training plan available and properly implemented?

☐ Yes☐ No☐ NA

Were the training records properly maintained?

☐ Yes☐ No☐ NA

Did you find any evidence to confirm if the task specific training had been conducted?

☐ Yes☐ No☐ NA

Did you notice if the minutes from the health and safety committee were displayed?

☐ Yes☐ No☐ NA

Was General health and safety information properly displayed?



☐

Yes

☐

No

☐

NA

Was the Health and safety library stocked with the necessary material?

☐

Yes

☐

No

☐

NA