**H & S REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT / AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IMPORTANT:

1. Never use ticks or (X) on any checklist
2. Key for reporting ( \* )

In order = **OK** Broken or defective = **DEF**

Alternatively use the words “**YES**” or “**NO**” or “**N/A**”

| **NO** | **ITEM UNDER REVIEW** | **\*** | | **ACTION REQUIRED** | | | **ACTION BY** | **DATE** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.00** | **PREMISES AND HOUSEKEEPING** |  | |  | | |  |  |
| 1.01 | Walls on container damaged or dirty |  | |  | | |  |  |
| 1.02 | Floors damaged, dirty or slippery |  | |  | | |  |  |
| 1.03 | Windows broken or dirty |  | |  | | |  |  |
| 1.04 | Lights out or flickering |  | |  | | |  |  |
| 1.05 | Insufficient light or glare at work tables |  | |  | | |  |  |
| 1.06 | Ventilation sufficient |  | |  | | |  |  |
| 1.07 | Toilet / change room cleaned |  | |  | | |  |  |
| 1.08 | Hands wash area available |  | |  | | |  |  |
| 1.09 | Any pollution of ground or water |  | |  | | |  |  |
| 1.11 | Hot area demarcated (e.g. welding, cutting or grinding) areas. |  | |  | | |  |  |
| 1.12 | Stacking safe or haphazard (in Stores and on site) |  | |  | | |  |  |
| 1.13 | Sufficient racks or cupboards in stores |  | |  | | |  |  |
| 1.14 | Sufficient rubbish bins/lids on site and office area |  | |  | | |  |  |
| 1.15 | Rubbish bins removed regularly |  | |  | | |  |  |
| **2.00** | **MECHANICAL /ELEC/PERSONAL SAFEGUARDING** |  | |  | | |  |  |
| 2.01 | Are machine guards missing or insufficient |  | |  | | |  |  |
| 2.02 | Lock-out/isolation statement/procedure available and used |  | |  | | |  |  |
| 2.03 | Switches/DB lockable and marked (only if applicable) |  | |  | | |  |  |
| 2.04 | Is main switch accessible, marked with a sign and locked |  | |  | | |  |  |
| 2.05 | Are switches/valves labelled correctly(e.g. open/close or push pull) |  | |  | | |  |  |
| 2.06 | Ladders identified and in good state and inspected |  | |  | | |  |  |
| 2.07 | Lifting gear in good state , hanged and on register |  | |  | | |  |  |
| 2.08 | Pressure vessel clean. red line on gauge |  | |  | | |  |  |
| 2.09 | Cylinders stored upright/chained away from heat |  | |  | | |  |  |
| 2.10 | High risk chemicals identified/and have MSDS(material safety data sheet) |  | |  | | |  |  |
| 2.11 | Daily checks on motorised equipment done |  | |  | | |  |  |
| 2.12 | Portable electrical equipment – numbered and checked |  | |  | | |  |  |
| 2.13 | Earth leakage units checked and in good condition |  | |  | | |  |  |
| 2.14 | All general electrical installation in good order |  | |  | | |  |  |
| 2.15 | Hand-tools inspected, in good state and on register |  | |  | | |  |  |
| 2.16 | Protective equipment issued and worn as required |  | |  | | |  |  |
| 2.17 | Respiratory equipment – monthly checks recorded( if required) |  | |  | | |  |  |
| 2.18 | Noise zones identified, ear protectors worn |  | |  | | |  |  |
| 2.19 | All symbolic safety signs displayed where required |  | |  | | |  |  |
| **3.00** | **FIRE PROTECTION AND PREVENTION** |  | |  | | |  |  |
| 3.01 | Is the a adequate number of extinguishing equipment |  | |  | | |  |  |
| 3.02 | Are fire equipment or are fire escapes obstructed |  | |  | | |  |  |
| 3.03 | Fire equipment numbered and inspected monthly |  | |  | | |  |  |
| 3.04 | Is storage of flammable liquids adequate |  | |  | | |  |  |
| 3.05 | Alarm available. Employees knowledge of it sound/ procedure |  | |  | | |  |  |
| 3.06 | Fire members appointed and trained? Drills done? |  | |  | | |  |  |
| 3.07 | Emergency plan available and displayed |  | |  | | |  |  |
| 3.08 | Fire Co-ordinator / emergency Marshals appointed |  | |  | | |  |  |
| **4.00** | **INCIDENT RECORDING AND INVESTIGATION** |  | |  | | |  |  |
| 4.01 | All injuries reported and investigated |  | |  | | |  |  |
| 4.02 | All damage incidents reported and investigated |  | |  | | |  |  |
| 4.03 | Safety talks/incident recall done once per month |  | |  | | |  |  |
| **5.00** | **SAFETY ORGANISATION** |  | |  | | |  |  |
| 5.01 | Health and Safety Rep. Appointed and trained? (H & S Reps) |  | |  | | |  |  |
| 5.02 | Monthly Health and Safety Committee meeting attended |  | |  | | |  |  |
| 5.03 | First aid box available and correctly stocked? |  | |  | | |  |  |
| 5.04 | Trained First-aider available/name displayed on box |  | |  | | |  |  |
| 5.05 | First-aid box inspected monthly |  | |  | | |  |  |
| 5.06 | Is any first-aid training needed |  | |  | | |  |  |
| 5.07 | Health and safety poster displayed and rotated  on a regular basis |  | |  | | |  |  |
| 5.08 | Do all new employees undergo induction training |  | |  | | |  |  |
| 5.09 | Are a sufficient number of employees trained? (health and safety) |  | |  | | |  |  |
| 5.10 | Is adequate follow up taken on this inspection report |  | |  | | |  |  |
| 5.11 | All hazardous jobs identified ( high risk ) |  | |  | | |  |  |
| 5.12 | Written safe work procedures (SWP) implemented or method statement. |  | |  | | |  |  |
| 5.13 | Employees doing hazardous work signed the safe working procedure (SWP) or Method statement |  | |  | | |  |  |
| 5.14 | Is anything done to promote off-the-job health and Safety |  | |  | | |  |  |
| 5.15 | Health and safety policy displayed in a prominent Place |  | |  | | |  |  |
| 5.16 | Are management committed to Health and Safety |  | |  | | |  |  |
|  | | | | | | | | |
| **REPORTING OF UNSAFE ACTS** | |  | **YES** | | **NO** | **Corrective action** | | |
| Did anyone forget to lockout | |  | |  |  | | |
| Did anyone use makeshift or unsafe ladders/scaffolding | |  | |  |  | | |
| Did anyone forget/omit to use PPE where it was required | |  | |  |  | | |
| Did anyone smoke in a no-smoking zone/area | |  | |  |  | | |
| Did anyone forget/omit to report an incident | |  | |  |  | | |
| Did anyone deviate from standard safe work procedures | |  | |  |  | | |
| Was hazardous work carried out without a work permit | |  | |  |  | | |
| Any other unsafe act | |  | |  |  | | |
|  | | | | | | | | |
| **COMMENTS BY HEALTH AND SAFETY REPRESENTATIVE** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Signature Health and Safety Rep: | | | | | | | Date: | |
|  | | | | | | | | |
| **COMMENTS BY HEALTH AND SAFETY COMMITTEE** | | | | | | | | |
| Inspection report noted by the Health and Safety Committee. The Health and Safety hazards observed and steps that will be taken to rectify deviations have been noted and follow up action was allocated to responsible persons for completion and report back to the Health and Safety Committee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Signature  Contracts Manager/Director | | | | | | | Date: | |
| Signature  Site Agent | | | | | | | Date: | |
| Signature  Safety officer | | | | | | | Date: | |

**THE REPRESENTATIVE MONTHLY INSPECTION DEVIATION REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SHE REPRESENTATIVE: | | | DATE: | |
| SECTION/AREA: | | | INSP NO: MONTH: | |
| NUMBER | COMMENT/DEVIATION NOTED AND ACTION TO BE TAKEN | | | ACTION BY |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| COMMENTS BY SHE REPRESENTATIVE | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Signature – SHE Representative | | Date : | | |
| COMMENTS BY SHE COMMITTEE | | | | |
| Inspection report noted by the SHE Committee. The SHE hazards observed and steps that will be taken to rectify deviations have been noted and follow up action was allocated to responsible persons for completion and report back to the SHE Committee. | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Signature  Contracts Manager/Director | | Date: | | |
| Signature  Site Agent | | Date: | | |