WHS CHECKLIST

Designed as a short walk-through inspection of standard items to look for. To be carried out prior to work experience. Place √ in the appropriate column and write suggested control for overcome any hazards.

For example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | Suggested Control  |
| 9. Noise hazards exist?  | √ |  |  | Policy and Procedure – Ear plugs must be worn |
|  | Yes | No | N/A | Suggested Control  |
| 1. Approved First Aid Kit accessible?  |  |  |  |  |
| 2. Emergency Doctor phone number, name & address prominently displayed?  |  |  |  |  |
| 3. Student knows the location of 1 & 2? |  |  |  |  |
| 4. Floors clear of slip, trip & fall hazards?  |  |  |  |  |
| 5. Tools & equipment replaced in storage after use?  |  |  |  |  |
| 6. Toilets/rest rooms clean & hygienic?  |  |  |  |  |
| 7. Exits unblocked?  |  |  |  |  |
| 8. Electrical hazards exist?  |  |  |  |  |
| 9. Noise hazards exist?  |  |  |  |  |
| 10. Hazardous substances are located on premises? |  |  |  |  |
| 11. Student will be required to move heavy loads? |  |  |  |  |
| 12. Student will be required to complete repetitive motions? |  |  |  |  |
| 13. Student will be required to use mechanical equipment? |  |  |  |  |
| 14. The workplace has a policy and procedure to deal with personal safety relating to:Stress, Fatigue, Bullying, Violence? |  |  |  |  |

Signature of student/parent carrying out inspection:

Date:

Signature of supervisor present when carrying out inspection:

Date: