

WHS general work area hazard identification, risk assessment and control checklist

College/Division _____	Building _____	Room / Area _____
Inspected by _____		Date of inspection ____/____/____

[Workplace Safety Inspections Procedures.](#)

1. To use this form you must look at each item and tick the box if there is not a problem.
2. If you find a problem put a cross (x) in the box and describe the problem.
3. Determine the level of risk using the [risk assessment table](#) for guidance.
4. Complete a [risk control plan](#) in relation to each hazard identified to determine whether the hazard and associated risk can be eliminated, substituted, isolated or engineered out before you consider the lower order control measures of administrative controls or personal protective equipment. Number each Risk Control Plan and file with this form for future reference and audits.
5. Fill in your [WHS Risk Register](#), take action to control hazards and **send a copy of the WHS Risk Register to your College/Portfolio Health and Safety Committee.** If you have not completed all actions you must follow up later and send a further WHS Risk Register to the Committee when all jobs are completed.
6. Keep this Checklist with your records for future reference and audits. **Do not send this Checklist to the Committee.**

Item Inspected	Describe the problem	Risk Level	Entered on Risk Register
AISLES/CORRIDORS Clear of materials and rubbish? <input type="checkbox"/> Adequately lit? <input type="checkbox"/>			
STAIRS AND LANDINGS Emergency Exit signage functioning? <input type="checkbox"/> No worn or damaged treads or hand rails? <input type="checkbox"/> Landings clear of obstructions? <input type="checkbox"/> Is lighting adequate? <input type="checkbox"/>			
FLOORS Even surface - no holes, cracks or lifting tiles, carpet? <input type="checkbox"/> Floors clean and clear of obstructions? <input type="checkbox"/> Are there any slippery surfaces? <input type="checkbox"/>			
WORK SPACES / MACHINES ▲ Adequate work space (floor space)? <input type="checkbox"/> Area tidy and uncluttered? <input type="checkbox"/> Computer work stations set up according to Ergonomic design <input type="checkbox"/> Computer screens located to minimise tired eyes? <input type="checkbox"/> (i.e. they don't look directly toward or away from window.) Photocopying equipment located in ventilated area? <input type="checkbox"/>			
FURNITURE ▲ Do ladders used for work at heights meet Aust Standards? <input type="checkbox"/> Are trolleys provided to move boxes/equipment etc? <input type="checkbox"/> Are filing cabinets stable (not over loaded) <input type="checkbox"/> Are desks/benches stable and suitable for the work? <input type="checkbox"/> Are copy holders needed at any work stations? <input type="checkbox"/> Are computer keyboards at the right height? <input type="checkbox"/> Are chairs stable and in good condition? <input type="checkbox"/> Are work station chairs adjustable for height and tilt? <input type="checkbox"/> Are footrests available at work stations if required? <input type="checkbox"/>			
LIGHTING Is lighting adequate for the work area? <input type="checkbox"/> Are there any flickering or expired lights? <input type="checkbox"/>			

▲ If further assessment is required, use the [Basic Workstation Checklist](#).

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STORAGE Storage adequate and convenient and free of rubbish? <input type="checkbox"/> Bookshelves not overloaded or leaning forward? <input type="checkbox"/> Are heavy items stored at waist height? <input type="checkbox"/>			
ELECTRICAL SAFETY Electrical appliances & leads, tested & tagged and current? <input type="checkbox"/> No unprotected leads over traffic or access ways? <input type="checkbox"/> No broken plugs, sockets or switches? <input type="checkbox"/> No frayed cords? <input type="checkbox"/> No double adaptors in use? <input type="checkbox"/>			
ROOM HEATERS /AIRCONDITIONERS Are heating/cooling units effective for the work area? <input type="checkbox"/> Are heaters in good working condition? <input type="checkbox"/> Are heaters situated clear of flammable items? <input type="checkbox"/> Have bar heaters been replaced with safer heaters? <input type="checkbox"/>			
RUBBISH AND RECYCLING Bins emptied regularly? <input type="checkbox"/> Recyclable materials stored safely? <input type="checkbox"/>			
HYGIENE Are emergency numbers (poison etc) displayed? <input type="checkbox"/> Common rooms clean and tidy? <input type="checkbox"/> Are food preparation areas clean and hygienic? <input type="checkbox"/> Are fridges and food storage areas kept clean & hygienic? <input type="checkbox"/> Adequate drinking, washing facilities, soap and towels? <input type="checkbox"/> Adequate and clean toilet facilities / supplies? <input type="checkbox"/>			
FIRE SAFETY Does the work area have a fire warden? <input type="checkbox"/> Fire extinguishers been tested, tagged and current? <input type="checkbox"/> Does area require fire blanket? <input type="checkbox"/> Are fire, and sprinkler heads clear of obstructions? <input type="checkbox"/> Clear instructions displayed for evacuation? <input type="checkbox"/> Adequate direction signs for emergency exits? <input type="checkbox"/> Access to all fire safety equipment unobstructed? <input type="checkbox"/> Correct operation of fire doors? <input type="checkbox"/> Fire doors and emergency exits clear of obstruction? <input type="checkbox"/>			
FIRST AID Are First aid signs clearly displayed? <input type="checkbox"/> Are First aid kits and their contents clean orderly and adequately stocked and not expired? <input type="checkbox"/> Do kits have contact details for the nearest First Aider and emergency personnel clearly displayed? <input type="checkbox"/>			

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HAZARDOUS CHEMICALS

If you are assessing hazards in an office/common room environment please note that where consumer products like dishwashing/cleaning chemicals are used only in ways and quantities consistent with household use and in a way that is incidental to the work carried out by a person, you do not need to list these on a Register, nor undertake a risk assessment or have an SDS available.

If you are assessing hazards in a **small laboratory or workshop where chemicals are used** all of the Chemical Safety matters on this page should be answered.

Item Inspected	Risk Level	Any further comments?
CHEMICAL SAFETY		
Are all chemicals correctly labeled and stored? <input type="checkbox"/>		Ask your local WHS Officer about Safety Data Sheets.
Are Safety Data Sheets and Risk Assessments available for all chemicals? <input type="checkbox"/>		
Are emergency numbers (poison etc) displayed? <input type="checkbox"/>		
Has your WHS Officer been notified of discontinued chemicals? <input type="checkbox"/>		
Has your WHS Officer been notified of new chemicals purchased? <input type="checkbox"/>		
Is a copy of your area's chemical inventory available in the laboratory/workshop? <input type="checkbox"/>		
Is there adequate ventilation for fumes and dust? <input type="checkbox"/>		
Provision of fume cupboards for testing & analysis? <input type="checkbox"/>		
Provision of appropriate personal protective equipment and clothing? <input type="checkbox"/>		
Provision of emergency eye wash, antidotes for poisons, showers etc. as appropriate? <input type="checkbox"/>		

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Hazard Identification / Risk Rating Checklist

Using the checklist

The checklist is used by inspection teams – the manager/supervisor/staff.

The checklist is used to identify hazards and determine the level of risk of each hazard.

If an item is fine, tick the box

If an item requires attention place an X in the box

Record the level of risk as H (High) M (Medium) or L (Low).

Use the table below to determine the level of risk and transfer this information to the [Risk Register](#).

Determining the Risk Level

You only need to do this for items that need attention.

The level of risk is a combination of the **Likelihood** that the hazard will cause an accident and the probable **consequence** if it does occur.

Ranking Risk Factors by Likelihood		Ranking Risk Factors by Consequence	
Very Likely	Expected to occur in most circumstances	Fatality	May cause death and/or severe irreversible disability, and/or permanent ill health
Likely	Will probably occur in most circumstances	Major	Severe injury or illness
Possible	Might occur occasionally	Minor	Minor (usually reversible) injury or illness resulting in days off work
Unlikely	Could happen at some time	First Aid	First aid level medical treatment
Highly Unlikely	May happen only in exceptional circumstances	Negligible	No treatment required

Consequence	Likelihood				
	Very likely	Likely	Possible	Unlikely	Highly unlikely
Fatality	Extreme	High	High	High	Medium
Major injury	High	High	High	Medium	Medium
Minor injury	High	Medium	Medium	Medium	Medium
First aid	Medium	Medium	Medium	Low	Low
Negligible	Medium	Medium	Low	Low	Low

Control Hierarchy	
Elimination	<i>Remove hazard</i>
Substitution	<i>Use a less hazardous alternative</i>
Isolation	<i>Eg. Restrict access, use in a closed container, fume cabinet</i>
Engineering	<i>Eg. Trolleys to move loads, guards on machinery, Fume cupboard</i>
Administration	<i>Eg. Training, Safe Work Procedure, signage</i>
PPE - Personal Protective Equipment	<i>Eg. Gloves, respirator, safety glasses</i>

Prioritising Risks			
Risk Level	Priority	Action	Timeframe for implementation of corrective action
Extreme	1	The activity should cease immediately and short term safety controls implemented. Notify manager and assess activity.	Immediate
High	2	Implement short term safety measures immediately. Notify manager and assess activity.	Within 24 hours
Medium	3	Implement short term safety controls. Notify manager and assess activity.	Within 14 days
Low	4	Implement long term safety controls. Notify manager and assess activity.	Within 28 days (if possible) or demonstrate that it is not reasonably practicable to achieve further minimization of the risk

See Work Health and Safety Risk Management Policy for further details.

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The next step

If you are able to fix the problem please do so and use the “comments” column to indicate that it has been attended to.

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