



WORKER SITE SAFETY INSPECTION CHECKLIST



BPWHS-06

Inspector Name		Date:	
Flinders Employee or Contractor Name:		Business Name:	
Flinders Site Supervisor:		Date Work Commenced	
Project Title or Work Request No			

1. Work Description and Location

2. Induction	Yes	No	N/A	Comment
Has the worker completed the Flinders University Online Contractors Induction				
Is the worker wearing a visible contractor workers pass which is current				
Is the worker aware of Flinders Security contact number				

3. Work Area	Yes	No	N/A	Comment
Is the work area tidy and clear of slip, trip fall hazards				
Does the work area have appropriate signage, safety fencing barricades to restrict unauthorised access				
Has the worker referred to the University Asbestos Register?				

4. Permits, Licences and Tag Out Documentation	Yes	No	N/A	Comment
Are Flinders work permit(s) required for work being undertaken				
Is the worker fully compliant with the requirements of the permits				
Are isolations of plant/services compliant with Flinders tag out procedures				
Does worker have appropriate training, licences, tickets for the type of work being undertaken				

5. Plant and other equipment	Yes	No	N/A	Comment
Do the workers tools and equipment appear to be appropriate for the task				
Is electrical equipment tested, tagged, current and in good condition				
Is portable electrical equipment connected to power by residual current device				
Fire equipment is clean and currency checked within last 6 months				
All machinery and equipment appears to be in safe condition				
Appropriate PPE is being utilised				

6. Required Safety Documentation	Yes	No	N/A	Comment
SDS evident and current for all hazardous substance on site				
JSA- site specific				
JSA- identified safety control measures in use				
For HRCW-SWMS available on site				
SWMS-workers aware of and signed on				
SWMS- identified safety control measures in use				
Take 5-risk and hazard assessment for task				

7. Action Required for Identified Non-conformances or Observations

Please attend to concerns detailed in Section 7 by Date:

Follow up will take place to ensure all identified issues have been addressed

<p>Confirmation that action(s) has been completed to a satisfactory standard:</p> <p><i>Inspector name:</i></p> <p><i>Inspector Signature:</i></p> <p><i>Date:</i></p>

On completion of the inspection submit electronically together with any supporting documentation/images by clicking on submit button: