

# Health and Safety Inspection Checklist

Workplace Name/Location

Date of Inspection

Inspector Name

## INSTRUCTIONS:

This checklist is designed to assess the overall health and safety conditions in the workplace. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

## GENERAL SAFETY

Emergency Exits: Verify that emergency exits are clearly marked and unobstructed.

Yes  No  NA

Exit Signs and Lighting: Check if exit signs are illuminated and visible in case of power failure.

Yes  No  NA

Evacuation Plan: Ensure that the workplace has an updated evacuation plan posted.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## FIRE SAFETY

Fire Extinguishers: Inspect fire extinguishers for proper type and maintenance.

Yes  No  NA

Fire Alarm System: Verify that the fire alarm system is in working condition.

Yes  No  NA

Fire Drills: Check if regular fire drills are conducted with documented results.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## HAZARDOUS MATERIALS

Hazard Communication: Ensure that hazardous materials are properly labeled and MSDS are available.

Yes  No  NA

Chemical Storage: Verify that chemicals are stored according to safety regulations.

Yes  No  NA

Personal Protective Equipment (PPE): Check if PPE is provided and used where needed.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## WORK ENVIRONMENT

Lighting: Inspect the workplace for adequate lighting in all areas.

Yes  No  NA

Ventilation: Verify that the ventilation system is functioning properly.

Yes  No  NA

Temperature: Ensure that the workplace temperature is within a comfortable range.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ERGONOMICS

Workstations: Check if workstations are set up ergonomically for employee comfort and safety.

Yes  No  NA

Lifting and Handling: Ensure that proper lifting and handling techniques are followed.

Yes  No  NA

Seating: Verify that seating is provided and appropriate for the tasks performed.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ELECTRICAL SAFETY

Electrical Cords: Inspect electrical cords for damage or fraying.

Yes  No  NA

Outlets and Receptacles: Check if outlets and receptacles are in good condition.

Yes  No  NA

Overload Protection: Ensure that electrical circuits are not overloaded.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE Assessments: Review PPE assessments to ensure employees have appropriate PPE.

Yes  No  NA

PPE Training: Verify that employees are trained on the proper use of PPE.

Yes  No  NA

PPE Condition: Check the condition and fit of PPE regularly.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## FIRST AID AND MEDICAL FACILITIES

First Aid Kits: Inspect first aid kits for completeness and accessibility.

Yes  No  NA

Emergency Numbers: Ensure that emergency numbers and contacts are posted.

Yes  No  NA

Medical Facilities: Verify the availability of medical facilities or nearby clinics.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or Health and Safety checklist observations made during the inspection]

## STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Health and Safety Inspection checklist and that the workplace is in compliance with applicable health and safety regulations. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

## APPROVED BY

Name :

Signature :

Date :