

# HAZARD IDENTIFICATION CHECKLIST

Use the checklist below to identify potential health and safety problems in your workplace. If you answer no to any of the questions you may need to make some changes. Further information about hazards and how to remove or reduce them can be obtained from the health and safety authority in the relevant state/territory.

Work location:

Date:

Task description:

Look at the tasks performed in your workplace and for each task ask yourself the questions in the checklist

## Manual tasks

Are workers using minimal force/ effort to perform the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the task is performed for prolonged periods, can it be performed at an easy pace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers able to perform the task with their arms close to their body (ie not reaching away from their body or overhead)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers able to perform the task in an upright, forward facing position (ie not bent over or twisting/turning their back)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers necks in a comfortable position when viewing things (ie not bent, tilted or twisted)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers able to vary their posture throughout the task (ie don't have to stand, sit, kneel or squat for extended periods)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers able to perform the task with their wrist and forearm in a comfortable position (ie not bent or twisted)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers protected against vibration when using hand-held power tools or driving trucks/ forklifts for long periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Machinery and equipment

Is your equipment regularly serviced and maintained according to the manufacturer's instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there lock out, tag out or isolation procedures in place when maintenance is performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all operators of equipment trained in how to use it safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do operators of equipment have the appropriate 'ticket' where necessary (eg forklifts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does all equipment have guarding to prevent operators and others accessing hazardous parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there adequate work space around equipment and is it on a stable foundation to prevent it moving during operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Hazard identification checklist

### Slips, trips and falls

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are controls in place to prevent floors from becoming slippery?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all floor surfaces even and undamaged?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are ramps and steps clearly marked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are walkways/stairways/ramps kept clear of boxes, rubbish, leads, or other trip hazards?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are controls in place to prevent people falling off mezzanine floors or other high areas (eg loading bays)?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all ladders used stable and in good condition (all ladders should be rated for industrial use and have a load rating of at least 120kg)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all areas well lit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Personal security

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is a security surveillance system being used?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are workers trained in dealing with aggressive or violent customers, robbery?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are support services available to staff who have been involved in an aggressive incident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do cash handling procedures reduce the risk of robbery?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Hot liquids, surfaces or steam

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are hot parts of equipment guarded or insulated?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is oil manually filtered when it is cold?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a gravity-fed chute or automatic oil filtration system used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are fire extinguishers/blankets available?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Hot conditions

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| In hot areas, have steps been taken to minimise the amount of heat produced?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is cool water made available to employees?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are cool, shaded rest areas available for employees?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are employees encouraged to wear light-weight, light-coloured and loose fitting clothing in hot areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Hazard identification checklist

### Electrical

Is electrical equipment inspected and tested by a competent person (eg electrician) or connected through a safety switch?

Are damaged plugs, leads and sockets immediately removed from service?  Yes  No

Are outlets and other electrical equipment used in wet areas suitable for that type of work?  Yes  No

Are leads kept away from sources of damage (eg water, heat, vehicles, trolleys)?  Yes  No

### Chemical

Have you obtained a Material Safety Data Sheet (MSDS) for all the chemicals used in your workplace?  Yes  No

Have you read each MSDS and identified which chemicals are hazardous substances?  Yes  No

Have you got a register which has a list of the hazardous substances used and a copy of each substance's MSDS?  Yes  No

Is a copy of each hazardous substance's MSDS available near where it is used?  Yes  No

Have you done a written risk assessment for each hazardous substance?  Yes  No

Have you identified ways to prevent people being exposed to hazardous substances and put those controls in place?  Yes  No

Have you identified any hazardous substances for which you have to provide health surveillance?  Yes  No

Do ALL hazardous substance containers have a label showing what is in it?  Yes  No

Have you given workers using hazardous substances training in how to use those hazardous substances safely?  Yes  No

### Young workers

Are young workers closely supervised?  Yes  No

Are young workers buddied up with experienced workers?  Yes  No

Are young workers trained how to perform tasks safely?  Yes  No

Do young workers always work with other staff members?  Yes  No

### First aid

Is a first aid kit available at the workplace?  Yes  No

Are the first aid kit/ s contents suitable for the types of injuries that may be sustained at your workplace?  Yes  No

Is the first aid kit regularly checked and items replaced if they are no longer usable?  Yes  No

Are there any trained first-aiders at the workplace?  Yes  No

## Hazard identification checklist

### Emergency producers

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you identified emergencies that may require an evacuation of the workplace? For example – fire, chemical spill, cyclone.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an emergency evacuation procedure?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the evacuation procedure displayed in the workplace?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are workers, and anyone else who is going to be at the workplace for extended periods (eg contractors), trained in the evacuation procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are emergency exits clearly marked and kept free from obstructions?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are appropriate fire extinguishers available and regularly inspected?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is fire fighting equipment easily accessible?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a procedure for responding to and recording incidents/injuries?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Workplace harassment

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is there a system for workers to report workplace harassment?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have managers/supervisors been trained in how to deal with workplace harassment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Asbestos

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the workplace contain asbestos?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are contractors and building maintenance workers made aware of asbestos in the workplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the asbestos been labelled and warning signs appropriately placed?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is asbestos removal conducted by a licensed removalist?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Fire

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is gas equipment in a well lit and draught free area?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the gas supply switch clearly labelled?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are exhaust fans and hoods regularly cleaned?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are fire systems regularly maintained by appropriately qualified personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are emergency procedures in place and are they tested?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a gas shut-off valve been installed?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Hazard identification checklist

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are electrical appliances regularly checked and maintained?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are flammable materials, clothes and paper stored away from sources of heat?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are workers trained in the use of fire safety equipment like fire extinguishers, fire blankets etc? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are first aiders capable of treating burn and smoke inhalation injuries?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Knives and sharp tools

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are knives kept sharp and maintained in good working condition?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are knives used on suitable cutting boards placed on a firm surface?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are knives washed separately to other utensils?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are workers who use knives trained to use and sharpen knives safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do slicing machines and butchers' steels have hand guards?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are knives stored on a suitable knife shelf, in a knife block or sheaf or on a suitable magnetic strip mounted against a wall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are cut resistant mesh gloves provided for workers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are first aiders capable of treating knife wounds?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Noise

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you consider noise when buying kitchen appliances?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Where noise issues cannot be eliminated or reduced do workers wear hearing protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are machines and ventilation equipment regularly maintained?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can job rotation be used to reduce the length of time of exposure to noise?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |