

# SMALL BUSINESS CHECKLIST



As a small business operator, it's essential to understand your work health and safety responsibilities, identify risks, and control hazards in your workplace. This checklist highlights some of the key considerations that are needed to maintain a safe small business. If you answer 'no' to any of the questions, you should take action to learn more.

Worker Capability	
Are all of your workers inducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are workers provided with WHS information that suits their needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do workers receive proper training to ensure they are capable of doing their job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do workers have appropriate supervision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk Management	
Are both physical and psychosocial safety hazards in your workplace identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have controls in place to manage these risks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you review your risks and controls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Working Environment	
Does the design and layout your workplace allow tasks to be done safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are tasks and equipment designed to be safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have emergency plans in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consultation	
Are workers being consulted regarding WHS decisions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consult with other businesses when you share WHS responsibilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Workers' Compensation	
Is your workers' compensation insurance policy up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an injury reporting system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a return-to-work system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are workers provided with information on injury reporting and workers' compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planning	
Do you have enough appropriately placed fire extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are emergency procedures well known and practiced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your first aid kits stocked, in date, and easily accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Hazardous Chemicals register, if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reporting	
Do you have a procedure to report WHS issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the reporting of WHS issues encouraged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you ensure that reports are acted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>

