

Work Health & Safety Inspection Checklist

Office Environment



Inspection Team Members: _____

Manager / Supervisor of Area: _____ Name of person completing the checklist: _____

Building: _____ Building Level: _____ Inspection Date: _____

Instructions for checklist completion:

- All items should be answered Yes / No or N/A.
- If an item is answered as “No” then details of the non-conformance should be provided, the risk of the hazard assessed, recommended corrective actions identified, the individual responsible for ensuring the corrective action is undertaken is identified and a date for completion identified. Further information about risk assessment processes can be found on the WHS webpages for “Risk Assessment and Management”.
- Any corrective actions which are not able to be immediately resolved are to be reported to the WHS unit by completing an Accident/Incident/Injury/Hazard Notification Form.
- Any corrective actions which are raised with Capital Work & Facilities (CWF) should have the CWF Work Request Number recorded on the checklist.

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
Working Environment (slips & trips, lighting, electrical, environmental)					
Are walkways clear of obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is storage adequate and being used effectively	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are floor coverings in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the temperature/air flow/humidity acceptable throughout the area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is lighting adequate for tasks performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
Are light covers and fittings secure and free from damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the area free from odours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the noise level acceptable and controlled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are recycling bins provided and emptied regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are electrical leads, plugs, sockets and switches in sound condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Has portable electrical equipment been tagged and tested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Has the use of double adaptors been eliminated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the area free of personal appliances (heaters etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Manual Handling					
Are frequently used items stored at an appropriate height	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are heavy items stored at waist height	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are stepladders available to access items stored on high shelving	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are trolleys available to move heavy items	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
Staff are trained in manual handling relative to their role	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Risk assessments available for manual handling tasks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Ergonomics (chairs, workstation setup, computers, phones)					
Appropriate ergonomic chairs are available for the work being performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware how to adjust their chairs and set up their computers (keyboards, mouse etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Ergonomic equipment (footrests, document holders, screen risers) available where required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Adequate desk space is provided (minimum 1600mm x 800mm)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Emergency Preparedness (evacuation maps, first aid lists)					
Emergency evacuation plans and alarms are developed, implemented and tested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Staff are aware of and trained in emergency evacuation plans including alarms, exits, routes and meeting locations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are written procedures posted on noticeboards in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are fire extinguishers easily accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

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Are emergency exits cleared marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Do the tags on the fire extinguishers indicate they have been tested in the last 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are evacuation drills conducted regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are evacuation routes clear from obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the area equipped with an audible emergency alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are first aid kits available, accessible and adequately stocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is a correct list of first aid staff displayed on noticeboards in common areas or on WHS webpage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is a correct list of emergency wardens displayed on noticeboards in common areas or on WHS webpages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Does the emergency lighting system work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the fire compliance notice current	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are academic staff aware of their responsibilities in the event of an emergency if they are teaching a class	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
WHS Consultation (awareness of committee members, committee minutes, issue resolution)					
Are staff aware of where to access WHS policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is a list of WHS Committee members displayed on noticeboards in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware they can access details for HSRs, WHS committee members and minutes from the WHS web pages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware they are obliged to report ALL incidents, injuries, hazards and near misses to their supervisor as soon as possible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware of where to access an accident/injury/incident forms to report ALL incidents, injuries, hazards and near misses as soon as possible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Office Equipment					
Are photocopiers located an appropriate distance from workstations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are filing cabinet draws kept closed when not in use and not overloaded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
Office equipment provided (e.g. shredders, guillotines, compactus) in good working order and guarded if required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Working alone					
Are staff aware of the contact number for security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is lighting adequate from the office to the car park	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware of after hours access protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware of after hours air conditioning settings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff aware of after hours first aid arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Utilities (kitchen, dining, toilets)					
Are kitchen / kitchenette facilities clean and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are toilets areas clean and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are lockers available for staff where required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are chemicals (e.g. cleaning equipment) labelled and stored appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Standard Operating Procedures (SOP's) (eg use of compactus, guillotine, shredders, use of PPE for some machinery in office)					

Item	Response	Non-confirming (include details)	Corrective Action (include details)	Person Responsible	Date Completed
Risk assessments available for all tasks/equipment where required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are SOPs displayed where required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are staff working in the area aware of the SOPs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

