

Construction & Maintenance Inspection Checklist - General



1.1 Principles of a Workplace Inspection

Workplace inspections are an important part of any work health and safety program. The inspection is carried out for the following reasons:

- To determine whether acceptable health and safety conditions are being achieved by measuring the health and safety standards found in a work area against predetermined standards.
- To monitor and evaluate the performance and compliance against organisational policy, procedures and other predetermined requirements.
- To identify hazards and workplace practices that have the potential to cause accidents and injury, and promote their resolution.

It is very important that those conducting an inspection and those in the area subject to the inspection understand the reasons for the inspection and are aware of measured achievement performance results.

The workplace inspection must be thorough, and the process must evaluate the relationship between the workplace, the people, the environment and the procedures being used.

1.2 Benefits of an Inspection

Workplace Inspections:

- Identify hazardous conditions and apply hazard control measures;
- Monitor and evaluate the effectiveness of health and safety practices and procedures;
- Improve health and safety practices and procedures;
- Measure safety performance;
- Check new facilities, equipment, processes etc;
- Collect information that identifies new safety initiatives etc;
- Maintain interest in health and safety through consultation; and
- Display supervisory commitment to health and safety.

It must be recognised that the full benefit of the inspection process can only be realised if action is taken based on the information collected.

1.3 Consultation

Workplace inspections are to be conducted by each business area in consultation with relevant workers.

For further information the consultation requirements, as specified by the Work Health and Safety Act, see the [University's 'HSE Consultation Standard'](#)

1.4 Hazard and Risk

A step-by-step process

A safe and healthy workplace does not happen by chance or guesswork. You have to think about what could go wrong at your workplace and what the consequences could be. Then you must do whatever you can (in other

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words, whatever is ‘reasonably practicable’) to eliminate or minimise health and safety risks arising from your business or undertaking.

This process is known as risk management and involves the four steps set out below

Identify hazards – find out what could cause harm

Assess risks if necessary – understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening

Control risks – implement the most effective control measure that is reasonably practicable in the circumstances

Review control measures to ensure they are working as planned.

Risk management is a proactive process that helps you to respond to change and facilitate continuous improvement. It should be planned, systematic and cover all reasonably foreseeable hazards and associated risks.

Consultation with workers and their health and safety representatives is required at each step of the risk management process. By drawing on the experience, knowledge and ideas of your workers you are more likely to identify all hazards and choose effective control measures.

When should a risk management approach be used?

Managing work health and safety risks is an ongoing process that is triggered when any changes affect your work activities. You should work through the steps in this Code when:

- Starting a new business or purchasing a business
- Changing work practices, procedures or the work environment
- Purchasing new or used equipment or using new substances
- Planning to improve productivity or reduce costs
- New information about workplace risks becomes available
- Responding to workplace incidents (even if they have caused no injury)
- Responding to concerns raised by workers, health and safety representatives or others at the workplace
- Required by the WHS regulations for specific hazards

How to identify hazards

Identifying hazards in the workplace involves finding things and situations that could potentially cause harm to people. Hazards generally arise from the following aspects of work and their interaction:

- Physical work environment
- Equipment, materials and substances used
- Work tasks and how they are performed
- Work design and management

The table below lists some common types of workplace hazards. Some hazards are part of the work process, such as mechanical hazards, noise or toxic properties of substances. Other hazards result from equipment or machine failures and misuse, chemical spills and structural failures.

A piece of plant, substance or a work process may have many different hazards. Each of these hazards needs to be identified. For example, a production line may have dangerous moving parts, noise, hazards associated with manual tasks and psychological hazards due to the pace of work.

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| Hazard | Potential harm |
|-------------------------|---|
| Manual tasks | Overexertion or repetitive movement can cause muscular strain |
| Gravity | Falling objects, falls, slips and trips of people can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death |
| Electricity | Potential ignition source. Exposure to live electrical wires can cause shock, burns or death from electrocution |
| Machinery and equipment | Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, bruises, lacerations, dislocations, permanent injuries or death |
| Hazardous chemicals | Chemicals (such as acids, hydrocarbons, heavy metals) and dusts (such as asbestos and silica) can cause respiratory illnesses, cancers or dermatitis |
| Extreme temperatures | Heat can cause burns, heat stroke or fatigue Cold can cause hypothermia or frost bite |
| Noise | Exposure to loud noise can cause permanent hearing damage |
| Radiation | Ultra violet, welding arc flashes, micro waves and lasers can cause burns, cancer or blindness |
| Biological | Micro-organisms can cause hepatitis, legionnaires' disease, Q fever, HIV/AIDS or allergies |
| Psychosocial hazards | Effects of work-related stress, bullying, violence and work-related fatigue |

How to assess risks

A risk assessment involves considering what could happen if someone is exposed to a hazard and the likelihood of it happening. A risk assessment can help you determine:

- How severe a risk is
- Whether any existing control measures are effective
- What action you should take to control the risk
- How urgently the action needs to be taken.

A risk assessment can be undertaken with varying degrees of detail depending on the type of hazards and the information, data and resources that you have available. It can be as simple as a discussion with your workers or involve specific risk analysis tools and techniques recommended by safety professionals.

How to do a risk assessment

All hazards have the potential to cause different types and severities of harm, ranging from minor discomfort to a serious injury or death.

For example, heavy liquefied petroleum gas (LPG) cylinders can cause muscular strain when they are handled manually. However, if the cylinder is damaged causing gas to leak which is then ignited, a fire could result in serious burns. If that leak occurs in a store room or similar enclosed space, it could result in an explosion that could destroy the building and kill or injure anyone nearby. Each of the outcomes involves a different type of harm with a range of severities, and each has a different likelihood of occurrence.

Work out how severe the harm could be

In most cases, incidents occur as a result of a chain of events and a failure of one or more links in that chain. If one or more of the events can be stopped or changed, the risk may be eliminated or reduced. One way of working out the chain of events is to determine the starting point where things begin to go wrong and then consider: 'If this happens, what may happen next?' This will provide a list of events that sooner or later cause harm.

In thinking about how each hazard may cause harm, you should consider:

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- The effectiveness of existing control measures and whether they control all types of harm,
- How work is actually done, rather than relying on written manuals and procedures
- Infrequent or abnormal situations, as well as how things are normally meant to occur.

Consider maintenance and cleaning, as well as breakdowns of equipment and failures of health and safety controls.

Work out the likelihood of harm occurring

The likelihood that someone will be harmed can be estimated by considering the following:

- How often is the task done? Does this make the harm more or less likely?
- How often are people near the hazard? How close do people get to it?
- Has it ever happened before, either in your workplace or somewhere else? How often?

You can rate the likelihood as one of the following:

- Almost certain - expected to occur in most circumstances
- likely - will probably occur in most circumstances
- Possible – might occur occasionally
- Unlikely – could happen at some time
- Rare – may happen only in exceptional circumstances

The level of risk will increase as the likelihood of harm and its severity increases.

Risk Matrix

The Risk Matrix is a simple tool that can be used for Risk Assessment. First determine the seriousness of the consequences, then the likelihood of them occurring. Using the Risk Matrix, find the intersection of the two to obtain the level of risk.

When using a Risk Matrix the concept of hazard and risk must be considered together. In many cases low risks may be overstated and high risks underestimated. For example, where a person conducts a process (e.g. using a hazardous substance or lifting a load) they often believe that they have more control over the process than is actually the case and therefore do not regard the risk of injury as being high. The issue of perception, skills and workplace experience can influence a judgement regarding risk and the likelihood of injury occurring

1.5 How to control risks

The most important step in managing risks involves eliminating them so far as is reasonably practicable, or if that is not possible, minimising the risks so far as is reasonably practicable.

In deciding how to control risks you must consult your workers and their representatives who will be directly affected by this decision. Their experience will help you choose appropriate control measures and their involvement will increase the level of acceptance of any changes that may be needed to the way they do their job.

There are many ways to control risks. Some control measures are more effective than others.

You must consider various control options and choose the control that most effectively eliminates the hazard or minimises the risk in the circumstances. This may involve a single control measure or a combination of different controls that together provide the highest level of protection that is reasonably practicable.

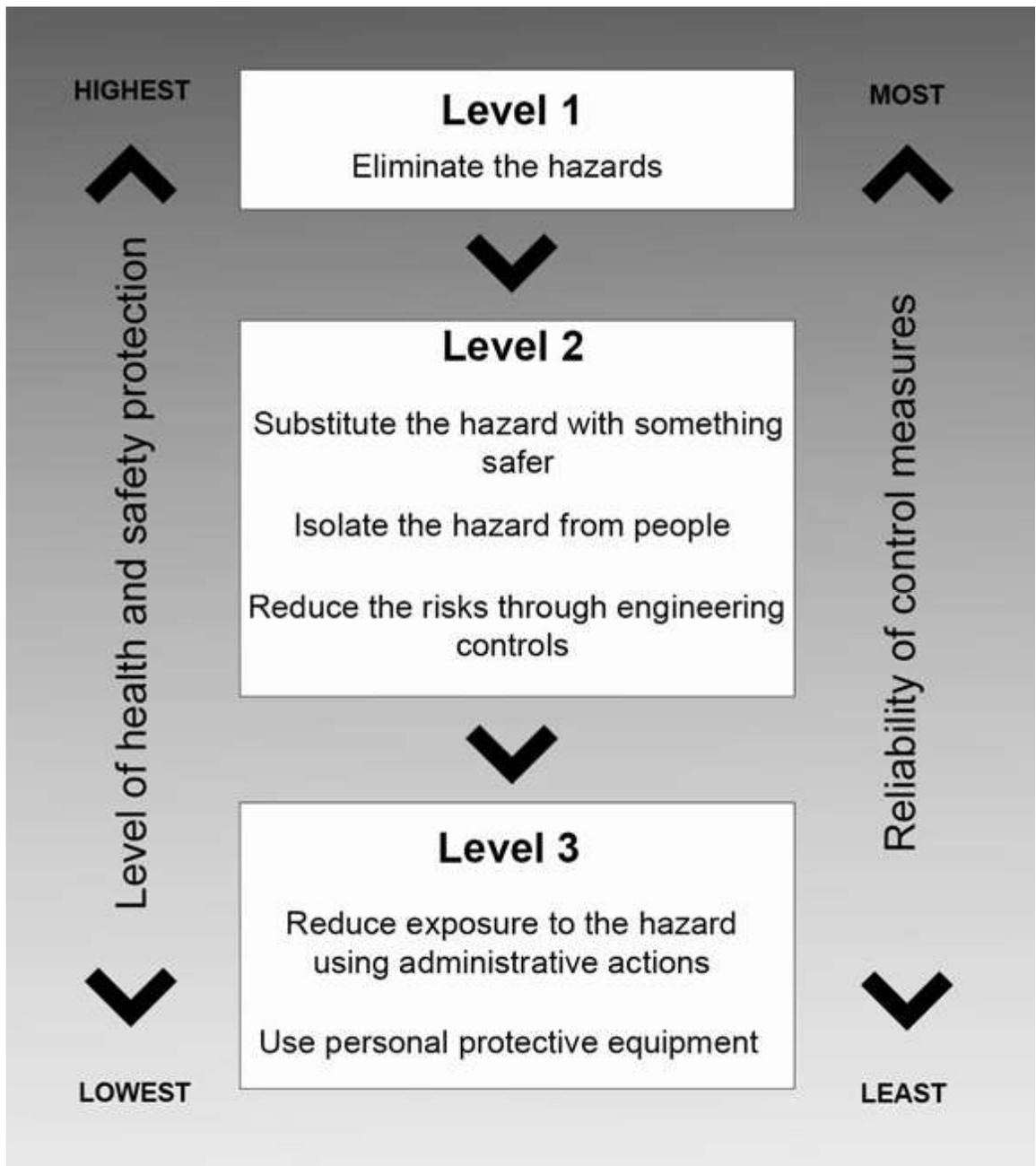
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Some problems can be fixed easily and should be done straight away, while others will need more effort and planning to resolve. Of those requiring more effort, you should prioritise areas for action, focusing first on those hazards with the highest level of risk.

1.6 Hierarchy of Control

| | |
|-------------------------------|--|
| Elimination | Removing the hazard or hazardous work practice from the workplace. The most effective control measure. |
| Substitution | Substituting or replacing a hazard or hazardous work practice with a less hazardous one. |
| Isolation | Isolating or separating the hazard or hazardous work practices from people not involved in the work or the general work areas from the hazard. Installing screens or barriers, or marking off hazardous areas can do this. |
| Engineering control | If the hazard cannot be eliminated, substituted or isolated, an engineering control is the preferred measure. This may include modifications to tools or equipment, providing guarding to machinery or equipment. |
| Administrative control | Includes introducing work practices that reduce the risk. This could include limiting the amount of time a person is exposed to a particular hazard. |
| Personal protective equipment | Should be considered only when other control measures are not practicable or to increase protection. |

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Level 1 control measures

The most effective control measure involves eliminating the hazard and associated risk. The best way to do this is by, firstly, not introducing the hazard into the workplace. For example, you can eliminate the risk of a fall from height by doing the work at ground level.

Eliminating hazards is often cheaper and more practical to achieve at the design or planning stage of a product, process or place used for work. In these early phases, there is greater scope to design out hazards or incorporate risk control measures that are compatible with the original design and functional requirements. For example, a noisy machine could be designed and built to produce as little noise as possible, which is more effective than providing workers with personal hearing protectors.

You can also eliminate risks by removing the hazard completely, for example, by removing trip hazards on the floor or disposing of unwanted chemicals.

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It may not be possible to eliminate a hazard if doing so means that you cannot make the end product or deliver the service. If you cannot eliminate the hazard, then eliminate as many of the risks associated with the hazard as possible.

Level 2 control measures

If it is not reasonably practicable to eliminate the hazards and associated risks, you should minimise the risks using one or more of the following approaches:

- Substitute the hazard with something safer
- For instance, replace solvent-based paints with water-based ones.
- Isolate the hazard from people

This involves physically separating the source of harm from people by distance or using barriers. For instance, install guard rails around exposed edges and holes in floors; use remote control systems to operate machinery; store chemicals in a fume cabinet.

- Use engineering controls

An engineering control is a control measure that is physical in nature, including a mechanical device or process. For instance, use mechanical devices such as trolleys or hoists to move heavy loads; place guards around moving parts of machinery; install residual current devices (electrical safety switches); set work rates on a production line to reduce fatigue.

Level 3 control measures

These control measures do not control the hazard at the source. They rely on human behaviour and supervision, and used on their own, tend to be least effective in minimising risks. Two approaches to reduce risk in this way are:

- Use administrative controls

Administrative controls are work methods or procedures that are designed to minimise exposure to a hazard. For instance, develop procedures on how to operate machinery safely, limit exposure time to a hazardous task, use signs to warn people of a hazard.

Examples of PPE include ear muffs, respirators, face masks, hard hats, gloves, aprons and protective eyewear. PPE limits exposure to the harmful effects of a hazard but only if workers wear and use the PPE correctly.

- Use personal protective equipment (PPE)

Administrative controls and PPE should only be used:

- When there are no other practical control measures available (as a last resort)
- As an interim measure until a more effective way of controlling the risk can be used
- To supplement higher level control measures (as a back-up).

1.7 Application of Control Procedures

Control measures can be applied at three (3) places.

- At the source.
- Along the path to the worker.
- At the worker.

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Typical control methods are:

At the Source

For example:

- Redesign of equipment or work process.
- Substitution using a safe alternative.
- Isolation/enclosure to ensure the hazard is separated from the worker

If control at the source is not reasonably practical, the next option to consider is the “control along the path.” This involves breaking the path of transmission to the worker.

Along the Path to Worker

For example:

- Ventilation to remove fumes and dusts.
- Guarding to prevent contact.
- Insulation to prevent noise transmission.
- Wet methods to remove dust.
- Worker enclosures.

ONLY if controls at the source or along the path are unable to be implemented should the last resort of “control at the worker” be considered. This involves:

At the Worker

For example:

- Protective clothing and equipment including hearing protective devices, respirators, eye protection.
- Administrative controls, including job rotation, limited entry, permit to work systems etc.

1.8 How to ensure that controls remain effective

The following actions may help you monitor the control measures you have implemented and ensure that they remain effective:

- Accountability for health and safety – Accountability should be clearly allocated to ensure procedures are followed and maintained. Managers and supervisors should be provided with the authority and resources to implement and maintain control measures effectively.
- Maintenance of plant and equipment – This will involve regular inspection and testing, repair or replacement of damaged or worn plant and equipment. It includes checking that any control measures are suitable for the nature and duration of work, are set up and used correctly.
- Up-to-date training and competency – Control measures, particularly lower level controls, depend on all workers and supervisors having the appropriate competencies to do the job safely. Training should be provided to maintain competencies and to ensure new workers are capable of working safely.
- Up-to-date hazard information – Information about hazards, such as plant and substances, may be updated by manufacturers and suppliers and should be checked to make sure controls are still relevant. New technology may provide more effective solutions than were previously available. Changes to operating conditions or the way activities are carried out may also mean that control measures need to be updated.

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- Regular review and consultation – Control measures are more effective where there is regular review of work procedures and consultation with your workers and their representatives.

1.9 How to review controls

The control measures that you put in place should be reviewed regularly to make sure they work as planned. Don't wait until something goes wrong.

There are certain situations where you must review your control measures under the WHS Regulations and, if necessary, revise them. A review is required:

- When the control measure is not effective in controlling the risk
- Before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control
- If a new hazard or risk is identified
- If the results of consultation indicate that a review is necessary
- If a health and safety representative requests a review.

You may use the same methods as in the initial hazard identification step to check controls. Consult your workers and their health and safety representatives and consider the following questions:

- Are the control measures working effectively in both their design and operation?
- Have the control measures introduced new problems?
- Have all hazards been identified?
- Have new work methods, new equipment or chemicals made the job safer?
- Are safety procedures being followed?
- Has instruction and training provided to workers on how to work safely been successful?
- Are workers actively involved in identifying hazards and possible control measures? Are they openly raising health and safety concerns and reporting problems promptly?
- Is the frequency and severity of health and safety incidents reducing over time?
- If new legislation or new information becomes available, does it indicate current controls may no longer be the most effective?

If problems are found, go back through the risk management steps, review your information and make further decisions about risk control. Priority for review should be based on the seriousness of the risk. Control measures for serious risks should be reviewed more frequently.

The University Health, Safety and Environment Unit is delegated the strategic responsibility for implementing, reviewing and amending the Workplace Inspection Guidelines and related documents as appropriate. University Business Units are responsible for the operational implementation and management.

Policy amendments will be undertaken in consultation with work health and safety working groups, Health and Safety Representatives (HSRs).

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| Inspection Details | |
|---|---|
| Inspection Date: | Inspection Team |
| Inspection Location: <input type="checkbox"/> CNS <input type="checkbox"/> TSVLE <input type="checkbox"/> OFF-SITE _____ | Manager: _____ Lead: _____ _____ _____ |
| Site Address: Building _____ Room _____ | |
| Inspection Summary: | |

| Hazard Severity (HS) | | | | | |
|----------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |

| CHECKLIST | | | | | |
|---|--------------------------|--------------------------|--------------------------|---------------------------|----|
| Item: | Yes | No | N/A | Details: | HS |
| PCBU (Person Conducting Business Undertaking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Construction Value (greater than \$250K) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Appointed PCBU (Formally documented) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Name: | |
| | | | | Trading Name: | |
| | | | | ABN: | |
| | | | | Appointed contact person: | |
| | | | | Appointed safety person: | |
| S20 WH&S Act 2011 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Principal Contractor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Name: | |
| | | | | Trading Name: | |
| | | | | ABN: | |
| | | | | Appointed contact person: | |
| | | | | Appointed safety person: | |
| Project Manager (JCU) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appointed contact person: | |

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|---------------------|----------------|-----------------|-----------------|-----------------|------------------|

CHECKLIST

| Item: | Yes | No | N/A | Details: | HS |
|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|----|
| | | | | Appointed safety person: | |
| Project Manager (Project services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Name: | |
| | | | | Trading Name: | |
| | | | | ABN: | |
| | | | | Appointed contact person: | |
| | | | | Appointed safety person: | |
| Design Safety Certification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal name: | |
| | | | | Trading name: | |
| | | | | ABN: | |
| | | | | Appointed contact person: | |
| | | | | Appointed safety person: | |

| | | | | |
|----------------------------|--------------------|--|----------------------------------|--|
| Construction Period | Start date: | | Expected completion date: | |
|----------------------------|--------------------|--|----------------------------------|--|

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| Construction (WH&S Reg 2011, part 6) Construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, refurbishment, demolition, decommissioning or dismantling | Yes | No | Details: | Comments: | HS |
|--|--------------------------|--------------------------|----------|-----------|----|
| Installation or testing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Removal of demolition product or waste | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Prefabrication of testing elements | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Assembly or disassembly of prefabricated elements | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Installation, testing or maintenance of an essential service | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Any work connected with an excavation | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Any site prep work or landscaping | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Any activity on, under or near water | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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| High Risk Construction Work (inc SWMS) | Yes | No | SWMS | Details: | Comments: | HS |
|---|--------------------------|--------------------------|--------------------------|----------|-----------|----|
| Risk of person falling 2m | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Work on a Telecommunications tower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Demolition of an element of a structure that is load bearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Involves or is likely to involve the disturbance of Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Involves structural alterations or repairs that require a temporary support to prevent collapse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| In or near a confined space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| In or near a shaft, tunnel or trench with a depth greater than 1.5m | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Involves the use of explosives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| On or near pressurised gas mains or piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| On or near chemical, fuel or refrigerant lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| On or near any energised electrical installation or service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| An area that has a contaminated or flammable atmosphere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Involves tilt-up or precast concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| On, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use, other than pedestrians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| An area where there is movement by powered mobile plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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| High Risk Construction Work (inc SWMS) | Yes | No | SWMS | Details: | Comments: | HS |
|--|--------------------------|--------------------------|--------------------------|----------|-----------|----|
| An area that has artificial extremes of temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| In or near water or other liquid where there is a risk of drowning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Comments:

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CHECKLIST INDEX

| No | Topic | Yes | No | Referenced Material (All Codes of Practice not dated 2011 are preserved commencing on 1 January 2012)(DRAFT COP's are approved under WH&S Act 2011 (s)274 as per the foreword of each COP) | HS |
|----|--------------------------------|--------------------------|--------------------------|--|----|
| 1 | Site entry | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 2 | Administration | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 3 | Training, induction, registers | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 4 | Licenses and Permits | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 5 | Environment | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 6 | Excavations | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011 | |
| 7 | Falls | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Managing falls at a workplace COP 2011, Scaffolding COP 2009, Tilt-up pre-cast concrete COP 2003, AS1891 | |
| 8 | Confined Space | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Confined space COP 2011 | |
| 9 | Confined space work | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Confined space COP 2011 | |
| 10 | Plant (powered) | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Mobile crane COP 2006, Plant COP 2005, Tower crane COP 2006, (Concrete Pumping COP 2005 – WH&S QLD Concrete Pumping Campaign) | |
| 11 | Plant (general) | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Mobile crane COP 2006, Plant COP 2005, Tower crane COP 2006 | |
| 12 | Electrical | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Managing electrical risks DRAFT COP 2011, Electrical Safety regs 2002, Electrical safety COP 2010 | |
| 13 | Manual Tasks | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Hazardous manual tasks COP 2011 | |
| 14 | Emergency | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Work Environment facilities COP 2011, Building Code of Australia, Fire & Rescue Services Act | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|

CHECKLIST INDEX

| No | Topic | Yes | No | Referenced Material (All Codes of Practice not dated 2011 are preserved commencing on 1 January 2012)(DRAFT COP's are approved under WH&S Act 2011 (s)274 as per the foreword of each COP) | HS |
|----|-------------------------------|--------------------------|--------------------------|--|----|
| | | | | 1990, Building fire safety Reg 2008, AS3745 | |
| 15 | Consultation | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, WH&S consultation, cooperation, coordination COP 2011 | |
| 16 | Traffic | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Traffic Management construction COP 2008, Manual Uniform Traffic Universal Devices part 3 | |
| 17 | First Aid | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, First Aid COP 2004 | |
| 18 | Hazardous chemicals | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Managing risks of hazard chemicals in the workplace Draft COP, Hazardous Chemical COP 2003, labelling Hazardous chemicals COP 2011,Preperation of SDS for hazardous chemicals COP 2011, AS1940, AS1216, DGSM information paper No3 QLD Gov, AS4332, AS4326, AS2243 | |
| 19 | Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Manage control of Asbestos COP 2011,Safely remove Asbestos COP 2011 | |
| 20 | Noise | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Noise preventing hearing loss COP 2011 | |
| 21 | Facilities | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Work Environment facilities COP 2011 | |
| 22 | Risk | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Manage WHS Risk COP 2011, AS31000 | |
| 23 | Notices and Notifiable events | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Act 2011, WH&S Reg 2011 | |
| 24 | Formwork | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Regs 2011, Formwork COP 2006 | |
| 25 | Lasers | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Act 2011, AS2397, IEC60825 | |
| 26 | Miscellaneous | <input type="checkbox"/> | <input type="checkbox"/> | WH&S Act 2011, WH&S regs 2011 | |

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Hazard Severity (HS)

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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|--------------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| 1: Site Entry | | | | | | |
| 1.1 | Is the site fenced/ barricaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.2 | Is there a "Construction Site" sign on all entry points | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.3 | Is there signage displaying entry requirements (PPE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.4 | Does the signage display contractor name, ABN, contact details, Safety officer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.5 | Is there signage to direct you to the site office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.6 | Was there a contact person to induct you to site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.7 | Are site rules displayed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.8 | Can the site be made secure for after hours in regards to fencing and gates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.9 | Do workers onsite have a Construction induction card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2: Administration | | | | | | |
| 2.1 | Is there a Safety Management Plan (SMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.2 | Can the SMP be amended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.3 | Is there a process for reviewing the SMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.4 | Are the Safe Work Method Statements (SWMS) available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.5 | Is there a process to monitor the SWMS when in use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.6 | Have the SWMS been provided to the Principle Contractor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.7 | Is there a review of the SWMS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.8 | Are the SWMS signed and dated and are they archived | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.9 | Is there an Incident Management System (IMS)(all records must be kept for at least 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|

CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|--|--|--------------------------|--------------------------|--------------------------|----------|----|
| | years) | | | | | |
| 2.10 | Do onsite staff know the IMS process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.11 | Does the IMS process cover: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.12 | Stabilising and evacuate any injured person/s after ensuring safety of the rescuer/s | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.13 | Isolation of the incident scene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.14 | Making the workplace safe after an incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.15 | Preserving the incident site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.16 | Notification to the PC, regulator and emergency services as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.17 | Investigation of the incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.18 | Are the WH&S Act, Reg and COP current and available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.19 | Do onsite staff know of the new legislation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.20 | Are training records maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.21 | Is there a site induction process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.22 | Is the induction competency based | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.23 | Is there an environmental management plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.24 | Is there a fatigue management policy, guide etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.25 | Is there a Health & Safety Representative (HSR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.26 | Is there Health & Safety Committee (HSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.27 | Have workers been notified of the HSR & HSC and any workgroup attached to the HSC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3: Training – Inductions- Registers | | | | | | |
| 3.1 | Training register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.2 | Site inductions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|--|--|--------------------------|--------------------------|--------------------------|----------|----|
| 3.3 | Toolbox talks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.4 | Pre-start checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.5 | First Aid register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.6 | Incident/ injury training, register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.7 | Risk register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.8 | Safety alerts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.9 | Plant register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.10 | PPE register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.11 | Hazmat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.12 | Hazardous Chemicals register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.13 | Asbestos register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.14 | WHS Entry permit holders register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.15 | Confined space register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.16 | Training on management of spills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.17 | Training and or awareness of lead(only if yes to item 18.30 under Lead) Worker/s MUST be under health surveillance before training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4: Licenses (L), permits (P) and registration (R) | | | | | | |
| 4.1 | Scaffolding tags or sign off (P) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.2 | Hot work (P) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.3 | Confined space entry (P) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 | Dangerous goods (transport) (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.5 | Dangerous goods for use and or storage (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.6 | Do workers have a current High Risk Work (HRW) license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.7 | HRW Crane and hoist (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|----------------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| 4.8 | HRW Forklift (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.9 | HRW Rigging and dogging (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.10 | HRW Scaffolding (L) (also used for erecting formwork) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.11 | HRW Pressure equipment (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.12 | HRW Earthmoving (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.13 | HRW Asbestos (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.14 | HRW Demolition (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.15 | HRW Electrical (L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.16 | Boiler A, B, C (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.17 | Tower Crane (inc) base or Self erecting crane (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.18 | Lift (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.19 | Building maintenance unit (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.20 | Concrete placement unit (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.21 | Mobile crane > 10t (R) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5: Work Environment | | | | | | |
| 5.1 | Is lighting sufficient (lux meter may be required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.2 | Is there is natural lighting, is it clean (windows) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.3 | Is there enough ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.4 | Do air conditioners get cleaned every 6 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.5 | Is dust controlled outside (water sprays) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.6 | Is dust controlled inside (doors/ windows) kept closed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.7 | Is this a safe work environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|-----------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| 5.8 | Is there Health surveillance (covers the work environment, MUST also contain hazardous Chemicals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.9 | Is waste controlled adequately (bins not overflowing, waste concrete pit being used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.10 | Are storm water drains and pits clear of debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.11 | Is there evidence of any contamination on site (Diesel spills, have they been reported and managed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6: Excavations | | | | | | |
| 6.1 | Is there an excavation plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.2 | Has dial before you dig been used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.3 | Has JCU been consulted with on locations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.4 | Has several attempts and sources been made to ensure all types of services have been located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.5 | Have ground conditions been considered prior to excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.6 | Is there preventative measures in place to stop people falling into the excavation (induction, barricading, observer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.7 | Is there an emergency plan that considers collapse of the excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.8 | Is there preventative measures to stop falling items entering the excavation while workers are in the excavation including airborne contaminants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.9 | Is the entry and exit points available and can be used safely (if ladders used are they appropriate and inspected)(if the excavation has been benched or stepped is the ground secure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.10 | Is the barricading or hoarding at least 900mm high | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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|-----------------|---|--------------------------|--------------------------|--------------------------|----------|----|
| 6.11 | Is the trench more than 1.5m deep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.12 | Is there a ladder every 9m of the trench if >1.5m deep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.13 | Is the area around the trench secure from inadvertent entry if an excavated trench is at least 1.5m deep (may have to secure site entry) so far as reasonably practicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.14 | The excavated trench that is at least 1.5m deep must be shored, benched or the use of battered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.15 | If 7.14 & 7.15 were not used is there a written statement from a Geotechnical Engineer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7: Falls | | | | | | |
| 7.1 | Does the induction discuss falls at the workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2 | Is there a SWMS for falls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.3 | Is there a procedure for falls at the workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.4 | Does the SWMS and procedure cover fall from any height, from above and fall into | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.5 | Has there been any consideration with eliminating the hazard and reducing the risk by working on the ground first (i.e. assemble on ground) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.6 | Are there exclusion zones for falls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.7 | Has the exclusion zone taken into account electrical hazards (from above and below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.8 | Are the exclusion zones being adhered to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.9 | Are there escape routes at lower and lowest levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.10 | Are there barriers in place to prevent falling items to lower and lowest levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.11 | Do the barriers fully eliminate falling items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|------|---|--------------------------|--------------------------|--------------------------|----------|----|
| 7.12 | Is there signage or visual aids in place to disseminate exclusion zones, possible falling items, fall shelters, fall below (hole) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.13 | Are there anchor points onsite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.14 | Are anchor points rated (12Kn for 1, 15Kn for 1 free fall and 21Kn for 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.15 | Is there an inspection and testing schedule for anchor points | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.16 | Is edge protection being used or is made available to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.17 | Is scaffolding being used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.18 | Is scaffolding more than 4m high | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.19 | Is there a scaffolding plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.20 | Is there fall arrest platform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.21 | If the platform is for a sloping surface over 26°, is the platform no more than 300mm lower than the surface | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.22 | If the platform is for a sloping surface under 26°, is the platform no more than 1m lower than the surface | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.23 | Is the scaffolding secure including planks that are at least 450mm wide (2 planks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.24 | Is there scaffolding tags, permit or Handover inspection certificate (prior to use, initial install and alterations) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.25 | Is there an inspection and maintenance checklist and procedure for scaffolding (cannot exceed 30 days) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.26 | Has the PCBU and PC sited the verification forms (Engineer's drawings and certified scaffolding systems) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.27 | Is there a certified lift plan for the site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|

CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|------|---|--------------------------|--------------------------|--------------------------|----------|----|
| 7.28 | Has there been engineers certification for tilt-up pre-cast concrete panel braces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.29 | Is the exclusion zones for tilt-up pre-cast concrete panel erection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.30 | Is there powered mobile plant onsite that is used as a platform to increase or decrease normal ground height | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.30 | Are there work box's being used (forklift, hoist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.31 | Is the work box/s certified, inspected and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.32 | Is there fall arrest/ restraint PPE being used (harness, ropes, lanyards and associated hardware) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.33 | Have workers been trained in the use and maintenance of fall protection PPE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.34 | Has the fall protection PPE been tested in test and less than 10 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.35 | Is the fall protection PPE fit for use (in test but damaged) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.36 | Is fall protection PPE fit for purpose (restraint, arrest, lanyard length) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.37 | Has a pre-start check been carried out and documented on all fall equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.38 | Is the rescue procedures for a fallen person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.39 | Are there ladders being used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.40 | Are other hazards considered prior to use (Metal – not for electrical, Wood - check for splinters, plastic - avoid heat)max weight, length) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.41 | Are the ladders certified AS1892 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.42 | Are ladders inspected (checklist, visual, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|-------------------------------|---|--------------------------|--------------------------|--------------------------|----------|----|
| | maintained) | | | | | |
| 7.43 | When in use are they restrained at top and or set-up at a 4 to 1 ratio (angle) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.44 | Are tool lanyards used when working above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8: Confined spaces | | | | | | |
| 8.1 | Is confined space part of the site induction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.2 | Is there confined space signage at all entry points | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.3 | Are the signs correctly mounted, clean and visible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.4 | Have all confined spaces been identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.5 | Is there a Safe Work Method Statement (SWMS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.6 | Is there a procedure for confined space (entry, exit, rescue, communication, hot work, lock/tag out system, decontamination, purging, health monitoring, health surveillance, training, toolbox talks, pre-start checklists, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.7 | Is there an entry permit system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.8 | Is there a rescue team | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.9 | Is the entry equipment maintained (lighting, radios, PPE etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.10 | Is there an atmospheric meter and is it calibrated (i.e. MT40 meter and calibration gas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.11 | Are records kept for at least 2 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.12 | Rescue equipment maintained, certified and rated (Harness, tripod, ropes, winches, firefighting equip, first aid kit, breathing apparatus for work and rescue) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9: Confined space work | | | | | | |
| 9.1 | Has risk assessment been completed and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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|----------------------------|---|--------------------------|--------------------------|--------------------------|----------|----|
| | signed | | | | | |
| 9.2 | Evidence of toolbox talk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.3 | Has the Entry Permit been approved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.4 | Is rescue team in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.5 | Has atmosphere in confined space been tested | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.6 | Has all equipment been checked (pre-start check) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.7 | Has permit been followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.8 | Any permit used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.9 | Work procedures done safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.10 | Exit safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9.11 | Permits closed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10: Plant (powered) | | | | | | |
| 10.1 | Is plant registered (forklifts, cranes, EWP, Lifts, pressure vessels, car, truck, trailer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.2 | Are there emergency procedures for any of the plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.3 | Does plant have Roll Over Protection System (ROPS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.4 | Is operator protected from: things falling, being ejected, collision protection and protection from mechanical failure of a pressurised element of plant that may release fluids that pose a risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.5 | Is there documented pre-start checklists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.6 | Is there a documented inspection and Maintenance schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.7 | Is there a procedure for plant that needs to be withdrawn from service due to damage and or breakdowns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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|---------------|---|--------------------------|--------------------------|--------------------------|----------|----|
| 10.8 | Is there compliance plates for modifications (i.e. forklift must have a plate that's states in can use a man cage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.9 | Are controls identifiable (forklift controls, up [↑] down [↓] etc) and functional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.10 | Is plant fitted with fail safe devices (emergency accumulators, manual controls, manual shutdown, limit switches) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.11 | Is plant fitted with warning devices and decals (flashing beacon/s, movement alarm, hi viz markers,) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.12 | Does operator know plant limitations (induction, automated warning via plant control, manual warnings if plant is in fail mode)(i.e. crane control says you are lifting 10t @20m, if this fails there is a manual system to let operator know the limits so load can be safely retracted to and brought down to park) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.13 | Have any safety features been by-passed (not wearing seat belt, unplugged limit switch alarm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.14 | Is there PPE requirements and are they being adhered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.15 | Are operational lights working and effective (operating panel lights, outside operational lighting etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.16 | Does plant have safeguarding attached and does it need a tool to open or interlock to open | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Cranes | | | | | | |
| 10.17 | Are there load charts available for cranes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.18 | Are cranes within their 10 year major inspection cycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.19 | Does all lifting equipment display rated capacity (SWL, WLL, UTS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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|-------------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| 10.20 | Do tower crane operations specify wind loadings (54km/hour or 15m/sec operation unless specify by documented risk assessment, 36km/hour or 10m/sec for climbing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.21 | Do all crane operations have a lift plan available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.22 | Are all remotes for any unused plant secured against inadvertent use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.23 | Are there annual crane safety certificates available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.24 | Is dunnage used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Concrete pumping | | | | | | |
| 10.25 | Have all hoses and all fittings been checked prior to operation (pins, clips, connections, outlet stop) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.26 | Are there controls in place to reduce hose whip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.27 | Are all emergency and safety devices operational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.28 | Are boom operating zones clear of other hazards (power lines, cranes, structures) and below (excavations, vehicles, workers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.29 | Is dunnage being used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.30 | Is water used for line cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.31 | Is there an air relief valve attached to line (for release prior to dismantling) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.32 | Is operator at the controls during cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.33 | Has the rubber hose end been removed prior to pressurising for cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.34 | Is a positive catchment device or designed receptacle used to catch the cleaning device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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| 10.35 | Is the discharge end controlled to stop people from being inadvertently hit by any projectiles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10.36 | Are routine maintenance and inspections done (daily, weekly, monthly, 3 monthly, yearly and 6 yearly strip downs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11: Plant (General) | | | | | | |
| 11.1 | Is there a documented induction for plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.2 | Is there a risk assessment for plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.3 | Is there a plant register | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.4 | Is there a Standard Operating Procedure (SOP) for plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.5 | Is there a documented isolation procedure for the plant (Permit to Work) (Operational and fail mode) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.6 | Is there a documented maintenance schedule for plant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.7 | Is there a procedure for defective plant (tag and bag, quarantine area) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.8 | Is there a procurement policy and commissioning procedure for plant (only buy from specific supplier as their plants meets the Australian Standards, they give us training, they repair and replace) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.9 | Have Anthropometric measurements been considered when designing, manufacturing, purchasing and modifying plant (fits operator, not high or hard to control) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.10 | Has the correct PPE been used, purchased and made available to workers (specific safety eyewear for specific work i.e. lasers, welders glass, gloves-impact-cut-penetration standards, Respirators, hearing protectors-freq allowances) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.11 | Is there a PPE register (states worker, PPE issued type and date, trained in use and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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|-----------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| | maint) | | | | | |
| 11.12 | Is there a health surveillance for specific plant (Hearing tests done every 12 months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.13 | Does plant interfere with other plant, work or structure (magnetic, radiation, vibrating) May need to consult with other operators, workers or structure occupier, owner, operator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.14 | Are there other radiation sources Ultra violet (UV) from germicidal lamps, Halogen-quartz lights can cause eye and skin damage and lead to an increase risk of developing cancer, Barriers must be used to eliminate or reduce the risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.15 | Does plant release hazardous chemicals (i.e. exhaust fumes) (Do not operate fuel combusting plant in confined locations ie ground floor of building with no exhaust extraction fans from area) Paint booths may require standalone breathing apparatus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.16 | Is there emergency stopping devices fitted to plant (electrical and or mechanical) Stop must protrude from device, on must be recessed on device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.17 | Are emergency stops clearly visible and effective (red button, easy to reach) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.18 | Is lighting appropriate and effective (no glare, not dark, lights up entire work area) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11.19 | Is there a fluorescent light being used around rotating parts (i.e. a fluoro will light up a lathe, while rotating the lathe can appear to be at a standstill. Fluoro and lathe can run at the same frequency) Seek expert advice on lighting these areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12: Electrical | | | | | | |
| 12.1 | Are workers licensed for the type of work they are doing (Electrical fitter/mechanic, Electrical fitter, Electrical Mechanic, Electrical jointer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 12.2 | Is there provision for other electrical workers and are they monitored, reviewed and recorded (Trained, authorized, observer) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.3 | Do licensed workers hold a current certification 5 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.4 | Is there a register of licensed electrical workers (does it monitor refresher training i.e. CPR, first aid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.5 | Is there a procedure for working on electrical apparatus ("TEST BEFORE YOU TOUCH" must be part of the procedure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.6 | Is there a risk assessment for electrical work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.7 | Is there a SWMS for any electrical work (PCBU MUST prepare a SWMS for high risk construction work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.8 | Is there an electrical permit to work system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.9 | Is there a procedure for reviewing the effectiveness of the permit to work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.10 | Is there a procedure for unsafe electrical equipment (find, isolate, tag & lock and quarantine for repair or replacement) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.11 | Is there a procedure for test and maintain electrical equipment (test and tag) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.12 | Is there a procedure for inspecting electrical equipment (pre-start checks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.13 | Does building have RCD's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.14 | Are RCD's tested and in test (every 3 months for test, 12 months for test and tag) (Daily pre-start on construction site for portable equipment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.15 | Do electrical appliances have an electrical test and tag (5 years for office, 6 months for workshop, Commercial cleaning equipment 6 months, hire equipment 3 months and 3 months for portable items on construction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | sites AS3012-2010 s 3.8.3)(AS3760:2010 other than a construction site) | | | | | |
| 12.16 | Are the records kept for electrical testing (must be kept until next test or permanently removed from service) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12.17 | Is there an electrical test tool asset register (Volt meters, multi meters, megger etc.) and or tools in calibration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13: Manual Tasks | | | | | | |
| 13.1 | Is there a procedure on how to identify manual hazardous tasks that could potentially cause Musculoskeletal Disorders (MSD) (consultation with workers, review info from injury cases, trend data, observation etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.2 | Has a risk assessment been conducted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.3 | Are there mechanical lifting aids available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.4 | Do the lifting aids display a safe work load, rated capacity or a similar value of what it can safely lift (AS4991-2004(s)14.1b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.5 | Is there training available on manual handling (documented training and attendees) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.6 | Is there information available on hazardous manual tasks (posters, web, inductions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.7 | Do items that need to be lifted have information in regard to weight, heavy end, fragile, specific handling info | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.8 | Is job rotation in place for repetitive hazardous manual tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13.9 | Has there been ergonomic assessments done for site were required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14: Emergency | | | | | | |
| 14.1 | Is there an emergency plan (response, evacuation, notifying emergency services, first aid, communications, testing the above, information on plan, training and instruction) (AS3745-2010 s 1.4.34 construction sites) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
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CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|-------|--|--------------------------|--------------------------|--------------------------|----------|----|
| | included) | | | | | |
| 14.2 | Is there an alarm to alert person/s of an emergency (audio, visual, automated, manual) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.3 | Does the emergency plan refer to remote and isolated work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.4 | Is the emergency plan reviewed (review annually or when there are significant changes to site) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.5 | Has the emergency plan be implemented (Have occupants practiced the plan, does it work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.6 | Do workers know who to contact in any emergency (is there an emergency contact list displayed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.7 | Do workers know where emergency assembly points are | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.8 | Are emergency assembly points maintained (must be visible from main route, free from other hazards) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.9 | Are emergency routes maintained (route not blocked by material, vehicles, vegetation, excavations etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.10 | Do workers know where and how to use firefighting equipment (training) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.11 | Is firefighting equipment maintained and appropriately placed (tested and recorded every 6 months)(fire extinguisher next to flammable stores) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.12 | Has there been an emergency evacuation drill in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.13 | Is there an established emergency response team (building response team and or medical response team and or firefighting response team) (Emergency Planning Committee EPC and Emergency, Emergency Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | Organization ECO) | | | | | |
| 14.14 | Is there an emergency procedure for environmental spills (hydrocarbon spill kits, chemical spill kits) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.15 | Is there an emergency response plan for dangerous goods (SSA/SNZ HB76:2010) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14.16 | If the emergency involves an Incident is there a process to manage the incident (incident management)(refer to section 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15: Consultation | | | | | | |
| 15.1 | Have you been consulted about changes to work systems (roster, environment, new products, new project, restructure, procedure, policy) if they affect you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.2 | Have you seen any correspondence on changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.3 | Have you been given an opportunity to raise your concerns in any changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.4 | Did you know about any changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.5 | Did you elect someone to assist in consultation (Health and Safety Representative (HSR)) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.6 | Do you know who the HSR/S are for site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.7 | Have you heard of a Health and Safety Committee (HSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.8 | Have you been given notification who the HSR and HSC is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.9 | Have you been given an opportunity to raise concerns with the HSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.10 | Were you given the opportunity to nominate as a HSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.11 | Are you a HSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.12 | HSR training (5 day initial, 1 day annually) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 15.13 | Are you given opportunity to attend meetings (every 3 months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15.14 | Are the HSC meeting documented (must be communicated to affected people) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16: Traffic | | | | | | |
| 16.1 | Has the PC prepared a written Traffic Management Plan (TMP) prior to commencement of work (in accordance with the Manual Uniform Traffic Control Devices (MUTCD) part 3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.2 | Traffic control measures consultation (obtain and share information with local site owner, local council and QLD Police Service) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.3 | Has TMP been communicated to workers (Workers given opportunity to give feedback) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.4 | Has TMP been communicated to PCBU (PCBU given opportunity to give feedback) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.5 | Is TMP effective (is it working has there been any issues) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.6 | Has provision been made for Emergencies and emergency services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.7 | Are traffic controllers trained (MUST be able to present accreditation upon request) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.8 | Does the TMP have provision to refer to policy on fitness for work whilst performing traffic control functions (MUST be zero alcohol and not adversely affected by a drug or other medication) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.9 | TMP changes (by consultation of affected people and documented daily if changes occur) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.10 | Before TMP comes into effect every day the controls must be checked and adjustments made day/ night (during operation of the TMP a periodic check is to be done (drive-thru) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16.11 | Is there a procedure to capture fatigued traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|----------------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| | controllers (Fatigue policy, rosters) | | | | | |
| 17: First Aid | | | | | | |
| 17.1 | Is there first aid equipment on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.2 | Is there a list for contents in the first aid kit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.3 | Is the kit regularly inspected and replenished | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.4 | Are items disposable (forceps, single dose items to avoid cross infection)(Use the code of practice for first aid to assist in managing infection control) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.5 | Does every worker have access to first Aid equipment (include remote and isolated areas, extra kits may need to be provided) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.6 | Is there a place to administer first aid (first aid room if required)(more than 200 workers a first aid room with no less than 11m2 floor space MUST be provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.7 | Are there people trained to administer first aid (Occupational First Aid (formally advanced first aid)(valid for 3 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.8 | During shift work, away work is there sufficient trained first aiders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.9 | Where required are there other facilities for first aid, emergency showers/ eyewash, running water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.10 | Are emergency showers and eyewash stations inspected checked (weekly documented checks) (portable units must have water and chemical change every 6 months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.11 | Emergency shower/ eyewash must be fit for purpose (position to hazard, water flow, water temperature, mounted correctly from ground level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.12 | Do remote and isolated areas have communications if emergency care is required (static phone line, mobile phone, satellite phone, Global Positioning System (GPS). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | Emergency Position Indicating Radio Beacon (EPIRB) | | | | | |
| 17.13 | Are remote device registered (register EPIRB) (2years)(MUST be 406MHz) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.14 | Is there a procedure for biological waste (yellow sharps containers available and maintained) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.15 | Is there a policy or procedure on needle recapping and needle stick injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.16 | Do workers know the first aid locations (maps, induction, signage, roster, emergency contact details) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17.17 | First aid administered (is it documented, reviewed, reported and kept) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18: Hazardous Chemicals | | | | | | |
| 18.1 | Is the Hazardous Chemical register up to date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.2 | Does the hazard chemical register highlight Hazardous Substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.3 | Do each of the hazardous substances have a risk assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.4 | Is there a storage areas for hazardous chemicals (Dangerous Goods, poisons, Waste) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.5 | Are dangerous goods separated, segregated and contained (distance, barriers, spill containment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.6 | Does the site meet minimum standards for a storage facility (refer to COP and AS1940) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.7 | Does the site meet minimum standards for manifest quantity (refer to COP and AS1940) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.8 | Is there a hazardous chemicals manifest (all entry points to site must have HAZMAT information available (normally kept in a red hazmat cupboard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.9 | Does the site meet minimum standards for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | placarding (signage on all site entry points displaying dangerous goods class) | | | | | |
| 18.10 | If no minimums reached is the Class 9 sign displayed (Substances that are other classes but in low quantity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.11 | Is there emergency equipment positioned specifically for any of the hazardous chemical areas (positioned for use, storage, waste and delivery loading bays) (fire suppression system, Fire hose, fire extinguisher, fire blanket, fire alarm system, emergency eye wash and shower) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.12 | Is ozone (O3) created during any chemical process and is the area open or confined (if confined, O3 filters will need to be installed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.13 | Are there gas cylinders on site and are they in test (10 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.14 | Are gas bottles separated for class, refrained from moving and inadvertent vehicle collision (chained to wall, bollards installed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.15 | Is there basic awareness for workers on Hazardous Chemicals and poisons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.16 | Will the spill containment (bund) hold 110% of the largest storage vessel (bund contains 4 x 205L drums, bund must be able to hold 225.5L (most pallet bunds will cater for this) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.17 | Is there a spill kit for hydrocarbons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.18 | Is there a spill kit for chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.19 | Are spill kits regularly checked and replenished (contents list and seal for container) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.20 | Is there Safety Data Sheets (SDS) available for hazards chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.21 | Are all containers labelled correctly (in English, product, manufacture details, hazard pictogram, hazard statements, first aid, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | emergency procedures, expiry date) | | | | | |
| 18.22 | Are there labels on other containers that do not have a surface to cater for labels (jerry cans, glass ampules etc, require SDS tags that can be fixed to container) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.23 | Have autotoxins been considered in training, policy, procedure or work environment (Ototoxic chemical damage the inner ear)(chemicals are heavy metals mercury, lead and also organic solvent based chemicals like toluene, styrene, xylene) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.24 | Is the correct PPE available for chemical handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.25 | Is the an area for decanting chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.26 | Are hazardous chemicals separated from food stuffs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.27 | Are there any gas lines and are they identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.28 | Are gas lines physically protected from being hit or crushed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.29 | Is there a procedure for purging gas lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.30 | Are workers exposed to a lead process(handling or manipulation of lead in any form) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.31 | Is the lead process confined to an area at the workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18.32 | Is lead contamination at the workplace controlled (MUST be clean, separate laundering process, separate area for eating, smoking and washing, changing and showering, separate PPE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19: Asbestos | | | | | | |
| 19.1 | Have workers been informed on Asbestos (Training and induction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.2 | Are workers aware of the register, how to use it and how to identify Asbestos Containing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | Material (ACM)(ACM signs) | | | | | |
| 19.3 | Do workers have a removal license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.4 | Do workers with removal licenses have their health monitored (Must be done by a registered medical practitioner) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.5 | Is there an Asbestos Management Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.6 | Is there a procedure on what to do if a worker finds what he/her suspects as Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.7 | Has a risk assessment been conducted if there is ACM at site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.8 | Is there a sampling procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.9 | Is there a SWMS for Asbestos (must include work, decontamination, monitoring, waste and transporting if required) (drilling ACM, sealing, painting, coating, cleaning, cleaning gutters/roofs with ACM, replacing cables or boxes, working on boards, inspection) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.10 | Is there a procedure for PPE and clothing worn (how to use, re-use, storage, cleaning, disposing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.11 | Is there a clear separation/ isolation of Asbestos work to other work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.12 | If uncertain about air quality in an area is air monitoring done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.13 | Is there decontamination facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19.14 | Does the incident management process refer to and manage exposure to ACM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20: Noise | | | | | | |
| 20.1 | Has a noise assessment been completed (85dB(A)over 8hours average(140dB(C)peak, less than 1 second exposure) AS1269) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.2 | Has audiometric testing been done (for workers who require and use hearing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| | protection)(within 3 months of starting work then every 2 years or every 6 months where exposure is $\geq 100\text{dB}$) | | | | | |
| 20.3 | Are workers aware of ototoxic substances (Hazardous Chemicals that damage the inner ear, not noise but hearing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.4 | Has a noise map been conducted for fixed plant (a map showing noise in dB's around fixed plant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.5 | Has extended work shifts been considered where hearing protection is required (@85dB the time exposure is 8 hours in any 24hour period) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.6 | Do hearing protectors have Australian standard marked on them including class (AS1270, class 1-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.7 | Does plant have information about noise (Data about noise with the specific piece of plant, sign showing the plant noise output, sign showing hearing protectors required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.8 | Has new plant been commissioned (noise assessment completed after installation with final output data on noise) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.9 | Has vibration been considered as part of any noise assessment , policy or procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.10 | Have other sources of noise been considered (alarms, acoustic shock, low noise repetition sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20.11 | Have workers with pre-existing injuries/illness been monitored (tinnitus, hearing aids) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21: Facilities | | | | | | |
| 21.1 | Are access ways, walkways, stairwells clear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.2 | Is waste removal adequate (no excess rubbish around bins) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.3 | Materials stored correctly (no over storage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|-----------------|--|--------------------------|--------------------------|--------------------------|----------|----|
| 21.4 | General area tidy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.5 | Items not protruding (no items sticking out from shelves, walkways etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.6 | Is there first aid provisions (kits, room) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.7 | Is there male/ female toilets (1 per 15M, 1 per 10F) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.8 | Is there a place to wash your hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.9 | Is there clean cool water to drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.10 | Is PPE available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.11 | Is there a place to eat meals (clean & hygienic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.12 | Are there emergency evacuation signs, assembly points and plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.13 | Is PPE available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.14 | Are there showers (if required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.15 | Are there change rooms (if required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21.16 | Is there personal storage areas (if required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22: Risk | | | | | | |
| 22.1 | Is there a process, procedure and training to manage risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.2 | Is the Code of practice How to manage WH&S risks used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.3 | Is the ISO 31000 Risk Management used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.4 | Do the people who manage and operate the business/site show commitment in the risk management process (could be the PCBU, Officer, CEO, General Manager, Manager, Foreman, Supervisor) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.5 | Has there been consultation on identify, assessing, controlling and reviewing risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Hazard Severity (HS)

| | | | | | |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|
| 1 Already rectified | 2 Within 6 hrs | 3 Within 24 hrs | 4 Within 3 days | 5 Within 1 week | 6 Within 1 month |
|---------------------|----------------|-----------------|-----------------|-----------------|------------------|

CHECK LIST

| No | Topic | Yes | No | N/A | Comments | HS |
|--|--|--------------------------|--------------------------|--------------------------|----------|----|
| 22.6 | Are there regular inspections of the site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.7 | Are there safety alerts (alerts specifically aimed at Hazards) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.8 | Are risk assessments reviewed and or completed after an incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.9 | In the procedure or process of risk assessment is elimination of the hazard the first priority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.10 | Are workers aware of the hierarchy of controls (does it have 6 steps, and do workers understand the lowest levels used still leaves a residual risk from the original hazard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22.11 | Are risk assessment records kept | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23: Notices and Notifiable events | | | | | | |
| 23.1 | Lead Risk Work (Blood lead level exceeds level)(s394 PCBU must notify Regulator within 7 days that the work is lead risk work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.2 | Cessation of unsafe work (s24 notice of termination) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.3 | Notice of entry (s27 entry by a permit holder, name of Union being the permit holder represents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.4 | Notice of change of address (s96 license holder of a High Risk Work license to give written notice to the Regulator within 14 days of the change) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.5 | Notice to and submission by license holder of a High Risk Work license (s107 license holder has 28 days to make submissions to the Regulator) (s109 Regulator then has 14 days to notify license holder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.6 | Notice of suspension of an accredited assessor for hazardous work (s135 Regulator must give 28 days' to assessor to make submissions) (s137 Regulator then has 14 days give notice of decision) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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| 23.7 | Notice of demolition work (s142 PCBU to notify Regulator 5 days prior to starting work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.8 | Notice and effect of determinations of a major hazard facility (s545 Regulator must give the operator of the determined facility a written notice of determination, takes effect no more than 28 days after notice)(Notice to be given within 14 days of making the determination) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.9 | Suspension and cancellation of a major hazard facility (s604 before suspension or cancelling the regulator must give operator 28 days to make submissions)(s605 Regulator gives notice within 14 days of making a decision) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.10 | Notice of exceeding 10% of threshold quantity for an existing facility holding schedule 15 chemicals (additional 3 months to give notice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.11 | Notification of an abandoned tank (s367 PCBU to notify Regulator, tank has not been used to store flammable liquid or gas for 2 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.12 | Incident Notification (WH&S Act 2011s35-38 PCBU must notify immediately by telephone or writing via fax, email or other electronic means, The Regulator may request a written notification within 48 hours if initial notification was by telephone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23.13 | Are there any Provisional Improvement Notices (PIN) (MUST be displayed in a prominent area) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24: Formwork | | | | | | |
| 24.1 | False deck gap not to exceed 225mm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.2 | False deck must be designed and installed to support if persons or material required to stand on them(point load of 2kN of area at 100mm x 100mm, equivalent to 200kg) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.3 | Formwork erector licensed as a scaffolder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.4 | Is fall protection provided for formwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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CHECK LIST

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| 24.5 | Is there a SWMS for stripping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.6 | Is there a certificate issued prior to stripping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.7 | Is there concrete sampling done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.8 | Is drop stripping allowed for this job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24.9 | Are slip forms and jump forms used (a following work platform fully enclosed used for columns, chimneys etc, must also have emergency evac, firefighting equipment on board) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25: Lasers | | | | | | |
| 25.1 | Are class 3 lasers used (up to class 3A and Class 3B(restricted) can be used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.2 | If class 3B(restricted) is being used (then It cannot be used in dimly lit areas below 100 lux) (Class 3B SHALL NOT be used on a construction site) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.3 | Is laser calibrated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.4 | Is laser labelled correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.6 | Are laser operators trained (Class 2 and above shall have appropriate training) (AS2397:1993 s3.2.1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.7 | Is there a certified Laser Safety Officer (LSO) (Class 2 and above shall have a LSO) (AS2397:1993 s3.2.2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.8 | Are lasers located well above or well below eye level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.9 | Are class 3A and 3B(restricted) lasers blocked at source when not in use, but power on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.10 | Do stationary lasers have a beam stop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.11 | Do class 3B(restricted) have a warning sign to warn against using in low light | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.12 | Is area clear of shiny objects in the laser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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|---|--|--------------------------|--------------------------|--------------------------|----------|----|
| | pathway | | | | | |
| 25.13 | Are there laser warning signs around site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.14 | Is a copy of this standard kept on site (AS2397:1993 s3.2.1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.15 | Are there electromagnetic, magnetic or electric fields in close proximity to laser (MUST confirm as JCU has these on each campus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.16 | Does the laser have an interlock system to access laser (Is it operational) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.17 | Is laser protected safety eyewear worn and available (EN 207-208)(Laser Maximum Permissible Exposure (MPE) ≥ 400nm to 1400nm 1mm for eye and 3.5mm for skin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25.18 | Are other forms of PPE required (gloves, respirator etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26: Site Shut Down: Ensure the effective implementation of controls that will eliminate the possibility of unauthorized access, property damage, fire and theft on or from the respective construction / maintenance work site. | | | | | | |
| 26.1 | Inform contractors & suppliers of site closure & return to work date. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.2 | Inform neighbours of closure – provide contact details to report any suspicious activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.3 | Arrange site security (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.4 | Request employees if in the area during the break drive by the site. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.5 | Ensure perimeter fencing is intact & gate locked. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.6 | Food items are removed from fridges and appropriately disposed of. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.7 | Electricity to site sheds is switched off (only if security lighting is not necessary). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.8 | Doors & windows to the site, site sheds and containers are closed and locked. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 26.9 | Toilets and lunchrooms are cleaned ready for pre-start inspection. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.10 | All rubbish & waste in lunchrooms, toilets and site offices is disposed of. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.11 | Mobile plant must be locked, keys removed, and they are parked in a manner to eliminate free movement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.12 | Ensure all sediment control items are in good working order. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.13 | All waste bins are emptied and ready use on re-commencement date. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.14 | Housekeeping is in order – especially access and egress (includes walkways) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.15 | All water taps are tightly turned off. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.16 | All employees personal items are removed from site – tools etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.17 | All plant & equipment is securely locked away. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.18 | All building materials are appropriately secured, battened down (e.g. ply, roof sheeting etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26.19 | Inspection of roof areas, where practical, to ensure building items or materials are totally removed or adequately fastened down. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27: Miscellaneous | | | | | | |
| 27.1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| 27.7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27.10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Administration

1.1 Approval Details

| | |
|------------------------|--|
| Standard Sponsor | Head, Health, Safety and Environment responsible for development, compliance monitoring and review |
| Approval Authority | Health, Safety and Environment Unit |
| Consultation Committee | HSE Unit, HSEAC Sub Committees and Divisional HSE Committees, HSE website |
| Approval date | 17 December 2014 - date approved by the Approval Authority |
| Implementation date | 17 December 2014 - date standard takes effect as outlined in Communication Plan |
| Date for next review | 31 December 2015 - review shall be completed within 1 year of approval date |
| Contact Unit | safety@jcu.edu.au |

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