

HSE General Inspection

Inspection Details	
Inspection Date: _____	Inspection Team
Inspection Name: _____	Lab Manager: _____
Inspection Location: <input type="checkbox"/> CNS <input type="checkbox"/> TSVLE <input type="checkbox"/> OFF-SITE _____	Inspection Team Leader: _____
	Other Team Members: _____
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

Generic CHECK LIST

1	Lab Entry	Yes	No	N/A	Identified Hazard	HS
1.1	Have you notified lab occupants, manager of entry <i>sign-in / sign-out requirements</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Is the door and locking mechanism working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Is the entry signage current and in good condition <i>Sign are not faded and worn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Is there signage displaying entry requirements <i>PPE, lab rules, No food/ drinks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Does signage display emergency contact details <i>Manager, Tech, HSR, Include A/H's Numbers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	Was there a contact person to induct you to lab <i>Occupant/s should give you a brief induction to lab (Hazards)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Is there a Noticeboard <i>Safety notices, Safety recalls, Lab info</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Housekeeping	Yes	No	N/A	Identified Hazard	HS
2.1	Is the area clean, tidy and free of obstruction to general movable spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Are hand washing facilities clean and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Are lab coats stored correctly and tidy <i>hanging, stored and soiled in separate area</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	The Lab operating manuals available <i>SOP's, Risk Assessments, instruction manuals, chemical register, project register, PPE register, training register and stored away from main lab operating area</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	PPE	Yes	No	N/A	Identified Hazard	HS
3.1	Is PPE available at entry point <i>When required, glasses, gloves etc</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Is the correct PPE available <i>Gloves (nitrile, neoprene, rubber) Eye (face, goggles, laser, glasses) Respiratory (organic, particle)Foot (rubber, wet, chemical)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Is PPE maintained and stored correctly <i>stored away</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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	<i>from chemicals and other environmental substances (some labs, PPE will need to be stored on the outside of lab)</i>					
3.4	Are all persons wearing covered footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Emergency Preparedness	Yes	No	N/A	Identified Hazard	HS
4.1	Emergency exits not obstructed 2 m clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2	First Aid Kit available, checked and sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	First Aiders Officers and First Aiders known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Is there a Building Warden <i>Do occupiers of room / building know the chief warden and other wardens?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Insert Wardens name</i>	
4.5	Has there been an emergency evacuation drill in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Insert date</i>	
4.6	Firefighting equipment not obstructed 1 m clearance, includes fire extinguisher, fire hose, Sprinklers, Gas suppression, blankets, FIP's and MCP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7	Firefighting equipment inspected/tagged every 6 months fire extinguisher, fire hose, blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8	Sensors and alarms unobstructed and working <i>Scheduled tests, sensors not covered over</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9	Emergency Eyewash/ Shower free from obstruction <i>must have a clear path way from activity to Eyewash/ shower</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10	Emergency Eyewash/ Shower tested regularly <i>weekly, there are other tests done Annually, monthly, daily</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11	Breathing apparatus available and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Facilities & Environment	Yes	No	N/A	Identified Hazard	HS
5.1	Is lighting sufficient Is <i>Check for glare , reflections, lux meter may be required to be more specific for tasks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2	Is there is natural lighting <i>Are windows clean</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	Do air conditioners get cleaned every 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Is waste controlled adequately <i>bins emptied, bio-safety waste scheduled</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5	Are sinks, drains and pits kept clean and clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6	Have noise levels been checked (85dB(A)over 8hours average(140dB(C)peak, less than 1 second exposure) AS1269)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Administration	Yes	No	N/A	Identified Hazard	HS
6.1	Have lab users completed training <i>Induction, FEP, Generic, Site, Activity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Are Risk Assessments current <i>Lab risk Assessments are on RiskWare</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>List RiskWare No's</i>	
6.3	Are there SOP's for Plant & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Plant and Equipment	Yes	No	N/A	Identified Hazard	HS
7.1	Electrical equipment is tested & tagged <i>5 year (insitu), 1 year (cord/ plug sets) 6 months (workshop & hire) and 3 months (hostile environment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	Are electrical cords neat and secure <i>Cords on floor are covered, Power boards are not overloaded, NO double adapters</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	Equipment assessable and fit for use <i>free from obstruction, maintained in good working order</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	Equipment has safeguarding correctly fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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7.5	Emergency stops fitted and working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6	Fume hoods and biosafety cabinets clean and within test date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7	Ventilation not blocked <i>return air ducts, fume hoods, Dangerous Goods cupboards</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.8	Are there pre-start checks being completed for plant <i>Autoclave, Centrifuge</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.9	Are plant fail safe devices working (emergency accumulators, manual controls, manual shutdown, limit switches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.10	Is planted fitted with warning devices decals (flashing beacon/s, movement alarm, hi viz markers,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.11	Have any safety features been by-passed <i>unplugged limit switches, sensors, alarms</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.12	Is defective equipment/plant identified <i>Tagged out of service and put into a quarantine area</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.13	Are calibrations in date <i>lab instruments may have to be calibrated annually</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.14	Are ladders used correctly and fit for purpose <i>step, a-frame, platform are they being used for the right task, are they maintained</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Manual Tasks	Yes	No	N/A	Identified Hazard	HS
8.1	Are there mechanical lifting aids available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	Do the lifting aids display a safe work load <i>rated capacity or a similar value of what it can safely lift (AS4991-2004(s)14.1b)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.3	Is there information available on hazardous manual tasks <i>posters, web, inductions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.4	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"/>		
8.5	Are heavy items stored at waist height					
8.6	Are workstation assessments required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Chemical Management N/A <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
9.1	Is the lab registered on the safety chemical program <i>Listed with current chemicals and manifest quantities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.2	Are hazardous chemicals, medicines and poisons stored/ Handled correctly <i>As per class, locked for certain medicines, Separated/ segregated, bunding, Haz Waste, Nitrogen Dewar's (lift lock-outs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.3	Are spill kits regularly checked and replenished <i>Scheduled, Sealed, complete, appropriate to chemical</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.4	Are gas bottles refrained from moving and inadvertent vehicle collision <i>fixed to wall, bollards installed, empty cylinders stored separately to full ones</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.5	Are there Safety Data Sheets (SDS) available <i>Within 5 years, Australian contact details</i>					
9.6	Are all containers labelled correctly <i>in English, product, manufacture details, hazard pictogram, hazard statements, first aid, emergency procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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9.7	Are refrigerators suitable for lab <i>Do they need to be spark resistant, , labelled no food or drinks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SPECIFIC AREAS <input type="checkbox"/> <i>Cross/tick box if using</i>						
10	Quarantine <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
10.1	Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.2	Are quarantine items physically isolated from other goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.3	Is there separation between waste and other goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.4	Is there a procedure to transfer quarantine items from one room to another? <i>From lab to autoclave (are items sealed?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.5	Were there any non-compliances on last audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list non-conformance/s if any</i>	
11	OGTR <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
11.1	Autoclave checks completed <i>Annual calibration, Monthly validation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.2	Is access to lab restricted <i>Signage, key, swipe card, time locks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.3	BSC inspected and tested <i>Annually, certificate displayed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.4	Pest control in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.5	Users current in Bio-safety training <i>1 year on-line, 3 years classroom based</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.6	Screened barriers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Radiation <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
12.1	Is there a current Radiation Safety Plan <i>Radiation Safety Officer (RSO)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Insert RSO</i>	
12.2	Is there a exposure program in affect <i>How many Radiation badges have been issued and what are the results?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.3	Is there an active radiation waste management procedure <i>What is done with old or unused radiation sources?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Laser <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
13.1	Are class 3 lasers used <i>up to class 3A and Class 3B(restricted) can be used</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.2	Is laser calibrated and labelled correctly <i>Calibration certificate and Laser warning signs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.3	Are laser operators trained <i>Class 2 and above shall have appropriate training (AS2397:1993 s3.2.1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.4	Is there a certified Laser Safety Officer (LSO) <i>Class 2 and above shall have a LSO (AS2397:1993 s3.2.2)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.5	Are lasers located well above or well below eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Photo <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
14.1	Is studio lighting controlled in relation to heat from light source <i>are lights turned off when not in us? Are power outlets used safely and nor overloaded</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.2	Are there trip hazards from multiple cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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	controlled <i>are cords all over the studio, check ground to head height (can this be placed in a safer location)</i>					
14.3	Are lab users aware of the visual coordination hazard with studio back drops <i>Wall to floor is continuous (place visual aids for reference .i.e. small coloured bean bags while not in use)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.5	Are tripods safety loaded to prevent overturning/ collapsing <i>tripods and heads will have a load rating</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.5	Is there sufficient other lighting if studio is dark <i>Emergency or studio lighting may be enough if main lights are off for photographic effect</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Magnetic <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No	N/A	Identified Hazard	HS
15.1	Are there electromagnetic, magnetic or electric fields <i>Is there a mechanical or visual exclusion zone</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15.2	Are there warning signs for Magnet <i>are building occupiers aware of magnet and hazards associated (field, quenching)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Other <i>Cross/tick box if using</i> <input type="checkbox"/>	Yes	No		Identified Hazard	HS
16.1		<input type="checkbox"/>	<input type="checkbox"/>			
16.2		<input type="checkbox"/>	<input type="checkbox"/>			
16.3		<input type="checkbox"/>	<input type="checkbox"/>			

Action Planning

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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Item	Additional Comments

Inspection Distribution list

Inspection team lab Manager HSC Estate Office IT&R HR HSE Unit other _____

Inspection Sign Off

Name	Position	Comments	Signature	Date
	Lead inspector			
	Manager			
	HSC Chair			
	HSE Unit Advisor			

Completing this inspection:

<i>This inspection must be kept for 2 years or 5 years if included into findings as part of an incident investigation</i>	
<i>Insert details on top section.</i>	<i>HS= Hazard Severity, this means how much attention is required to eliminate or reduce the hazard</i>
<i>Inspection name is for name of specific areas .i.e. Chem lab, marine lab etc.</i>	<i>Add any additional items not on checklist</i>
<i>Complete the generic section where applicable.</i>	<i>Create a hazard notification in RiskWare to address each item</i>
<i>If using specific sections cross/tick the box to use the section.</i>	<i>Sign off is to say person has viewed and accepts the checklist (does not mean 100% completed all items)</i>
<i>Identified hazard is issue that needs attention</i>	<i>Contact a HSE team member if you have any issues in completing the inspection or loading onto RiskWare</i>