

## HEALTH & SAFETY CHECKLIST

**Answer YES, as appropriate. Those that are not applicable mark N/A. Those that result in a negative answer, enter NO and complete Notes at the bottom of this form and/or a Work Area Hazard/Defect Report Form, as applicable.**

**Dept/Location** ..... **Date** .....

**“Checker’s” Name** ..... **Signature** .....

	YES, NO, N/A
Items on ALL previous Hazard/Defect Report Forms fulfilled	
Personal H & S Records appear to be maintained	
COSHH/PPE Records appear to be maintained	
Risk Assessments appear to be maintained (eg DSE, M/Handling etc)	
Vehicles/equipment records appear to be maintained (as necessary)	
Fire/emergency records appear to be maintained	
Accident Book (appears) maintained	
Accident Reports made (if applicable)	
Action taken to prevent recurrence	
<b>'SPOT CHECKS' on following:</b>	
Persons under training seen to be adequately supervised (if applicable)	
Correct lifting/handling observed	
Persons questioned appear to be aware of hazards associated with vehicles/ equipment/materials they are using	
Only authorised persons observed using vehicles/equipment/materials	
Vehicles/equipment seen appear to be in sound condition	
Access/egress seen to be satisfactory	
Emergency facilities appear satisfactory (eg exits clear, unlocked etc)	
First aid kits/facilities correctly stocked/adequate	
Housekeeping appears satisfactory	
Welfare facilities appear adequate/suitably maintained	
Storage facilities appear adequate/suitably maintained	
Area seen to be clear of tripping hazards	
<b>NOTES:</b>	