

**AREA SAFETY WALK**

The purpose of the Area Safety Walk is to help identify potential hazards within the work areas and to ensure that the individual work areas comply with the company's safety requirements.

The Area Safety Walk Checklist is a prompt for the inspection team when they are conducting an Area Safety Walk. The Area Safety Walk Checklist is divided into different sections and each section has questions that require answering whilst the inspection is being carried out.

The checklist is a generic document and it is suitable for all areas.

INSTRUCTIONS

1. The checklist and action sheets used when carrying out the Area Safety Walk will be located in Supervisors filing system.
2. The inspection team should include someone who works in the area that is being inspected, a Health and Safety Representative and a person who does not normally work in the area.
3. The date of the inspection, the area being inspected and the names of the inspection team are filled out on the front of this form.
4. During the Area Safety Walk the inspection team answers each question by placing a cross in the appropriate box. If required they also provide any supporting comments on issues, which may need to be addressed.
5. At the end of the inspection, the team leader completes the " Area Safety Walk Follow Up Action Sheet "
6. The team leader and the Area Supervisor then sign the Area Safety Walk checklist.
7. **The area supervisor then files the original checklist and the follow up action sheet and also forwards copies to the Varanus Island Safety Advisers.**

Date of Inspection:

Area of Inspection:

Inspection Team: Team Leader

**Weekly Safety Walk Checklist**

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| **Clothing / Personal Protective Equipment (PPE)** | **Yes** | **NO** | **N/A** |  | **Comments** |
| Are personnel wearing approved clothing and footwear? |  |  |  |  |  |
| Are personnel wearing the correct PPE for the job? |  |  |  |  |  |
| Are personnel wearing the correct PPE for the area? |  |  |  |  |  |

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| **Emergency Equipment \ Procedures** | **Yes** | **No** | **N/A** |  |  |
| Are relevant emergency procedures displayed? |  |  |  |  |  |
| Are all emergency exits clear and operational? |  |  |  |  |  |
| Are all passive fluorescent exit signs clearly visible in reduced light levels? |  |  |  |  |  |
| Are all battery powered exit lights working? |  |  |  |  |  |
| Are life buoys in place and correctly mounted? |  |  |  |  |  |
| Are lifeboats within their service dates? |  |  |  |  |  |
| Are the Rescuematic within their service dates? |  |  |  |  |  |
| Are the area Safety showers working correctly |  |  |  |  |  |
| Are the area eye wash stations clean and working correctly |  |  |  |  |  |

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| **Electrical Equipment and Wiring** | **Yes** | **No** | **N/A** |  | **Comments** |
| Are switchboards covers are in place? |  |  |  |  |  |
| Are redundant switches and removed buttons blanked? |  |  |  |  |  |

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| **Electrical Tools** | **Yes** | **No** | **N/A** |  |  |
| ***Note****: Not all power tools, extension leads and RCDS require checking, only random checks are required* |  |  |
| Are the electrical power tools correctly tagged? |  |  |  |  |  |
| Are the extension leads correctly tagged? |  |  |  |  |  |
| Are the portable residual current devices correctly tagged? |  |  |  |  |  |
| Are domestic ‘double adapter's being used? If so  arrange to have them removed. |  |  |  |  |  |

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| **Fire Fighting Equipment** | Yes | **No** | N/A |  |  |
| Are the fire extinguishes discharge nozzles clear? |  |  |  |  |  |
| Are the fire extinguishers fully charged? |  |  |  |  |  |
| Fire extinguishers are mounted correctly? |  |  |  |  |  |
| Do information signs match the extinguisher type? |  |  |  |  |  |
| Are the fire extinguishers within there service dates? |  |  |  |  |  |
| Fire blankets are in good order? |  |  |  |  |  |
| If detection system installed, do you know when it was last tested? |  |  |  |  |  |

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| First Aid Kits | **Yes** | **No** | **N/A** |  | **Comments** |
| Is the seal around the lock broken?  If it is then send the kit back to the medics. |  |  |  |  |  |
| Are signs in position and clearly visible? |  |  |  |  |  |
| Are boxes clearly visible and accessible? |  |  |  |  |  |

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| **Hand Tools** | **Yes** | **No** | **N/A** |  |  |
| Have faulty or worn tools been replaced? |  |  |  |  |  |
| Are correct tools supplied and used for the job? |  |  |  |  |  |

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| **Hazardous Substances & Dangerous goods** | Yes | **NO** | **N/A** |  |  |
| Are chemical containers clearly labelled? |  |  |  |  |  |
| Does the label match the contents? |  |  |  |  |  |
| Are Hazchem / Dangerous goods signs in place? |  |  |  |  |  |
| Is there up to date MSDS for all chemicals that are located in the area? |  |  |  |  |  |
| Is the MSDS register easily accessible? |  |  |  |  |  |
| Dangerous goods are segregated as to the Dangerous goods segregation charts |  |  |  |  |  |

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| Housekeeping | **Yes** | **No** | **N/A** |  |  |
| *Debris in all forms are a potential health and safety threat. Some to watch for are:-* |  |  |
| Are the lids on bins? |  |  |  |  |  |
| Are there any half-buried items that can become tripping hazard? |  |  |  |  |  |
| Are waste bins emptied regularly? |  |  |  |  |  |
| Accumulation of oily or dirty rags should be avoided. Are there any? |  |  |  |  |  |
| **Housekeeping cont,** | Yes | NO | N/A |  | Comments |
| Is there oil on walkways? |  |  |  |  |  |
| Are items correctly stored? |  |  |  |  |  |
| Are the safety clips fitted to the air hose couplings |  |  |  |  |  |

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| **Your list:** | | **Yes** | **No** | **N/A** |  |  |
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| **Hygiene** | Yes | **No** | N/A |  |  |
| Are food scraps evident in rest room? |  |  |  |  |  |
| Are surfaces clean? |  |  |  |  |  |
| Is soap and towels / drier supplied in toilet? |  |  |  |  |  |
| Is there sufficient water for faucet flushing? |  |  |  |  |  |
| Is rodent poison safely positioned? |  |  |  |  |  |
| Are toilet facilities clean and ventilated? |  |  |  |  |  |
| Are the facilities for drinking water satisfactory? |  |  |  |  |  |

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| **Ladders and Steps** | **Yes** | **No** | **N/A** |  |  |
| *N.B. Metal \ aluminium ladders and steps must not be used for Electrical work* |  |  |  |  |  |
| Are ladders and steps being used for the correct purpose? |  |  |  |  |  |
| Are ladders and steps in good condition? |  |  |  |  |  |

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| Lighting | **Yes** | **No** | **N/A** |  | Comments |
| Have faulty lamps, tubes and switches been replaced? |  |  |  |  |  |
| Is the lighting in the area adequate? |  |  |  |  |  |

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| **Lock Out System** | **Yes** | **No** | **N/A** |  |  |
| Are padlocks available for electrical switches and valves? |  |  |  |  |  |

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| **Machine Tools** | **Yes** | **No** | **N/A** |  |  |
| Is access free from obstruction? |  |  |  |  |  |
| Are the emergency stop buttons easily accessible? |  |  |  |  |  |
| Are machine guards in place? |  |  |  |  |  |
| Is the area clean and free from swarf and oil? |  |  |  |  |  |
| Is the correct eye protection available? |  |  |  |  |  |
| Are operating procedures displayed / available? |  |  |  |  |  |
| Are relevant warning signs in place? |  |  |  |  |  |

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| Manual Handling | Yes | **No** | N/A |  |  |
| Is manual handling equipment available? |  |  |  |  |  |
| Are items stored in accordance with good manual handling principals? |  |  |  |  |  |

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| **Noise** | **Yes** | **No** | **N/A** |  |  |
| Is the correct hearing protection in place? |  |  |  |  |  |
| Are signs in place? |  |  |  |  |  |

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| **Protection Ultra - Violet** | **Yes** | **No** | **N/A** |  | **Comments** |
| Are the Sunscreen dispensers working |  |  |  |  |  |
| Is the Sunscreen within the use by date |  |  |  |  |  |

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| **Personal protective Equipment Boxes** | **Yes** | **No** | **N/A** |  |  |
| *The following item should be located in the PPE boxes* |  |  |
| Gloves |  |  |  |  |  |
| Goggles |  |  |  |  |  |
| Face Shields |  |  |  |  |  |
| Ear Plugs |  |  |  |  |  |
| Dust Masks |  |  |  |  |  |
| Sunscreen |  |  |  |  |  |
| Barrier Tape |  |  |  |  |  |
| Lens Cleaner |  |  |  |  |  |

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| **Scaffolds** | **Yes** | **No** | **N/A** |  |  |
| Does each scaffold have a current Scaftag fitted? |  |  |  |  |  |
| Have the scaffolds been inspected every 7 days since installation? (Check the back of the Scaftag) |  |  |  |  |  |
| Have the scaffolds been registered in the VI scaffold register? (Register is located with the VI Permit Authorities) |  |  |  |  |  |

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| **Stairways** | **Yes** | **No** | **N/A** |  |  |
| Is access to stair ways not obstructed? |  |  |  |  |  |
| Is the non slip material on the stairway steps in good condition? |  |  |  |  |  |
| Are the stairways in good condition? |  |  |  |  |  |

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| **Tags** | Yes | **No** | N/A |  |  |
| Are *danger tags* available? |  |  |  |  |  |
| Are *out of service tags* available? |  |  |  |  |  |
| Are *information tags* available? |  |  |  |  |  |

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| **Ventilation.** | **Yes** | **No** | **N/A** |  | **Comments** |
| Is there an adequate supply of clean fresh air? |  |  |  |  |  |
| Are contaminants present (fumes, dust, odours etc.)? |  |  |  |  |  |
| Is air conditioning system working correctly  ? |  |  |  |  |  |
| Are inlet and outlet vents free from obstruction |  |  |  |  |  |

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| **COMMENTS:** |
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|  | **Signature** |
| **Inspection team leader:** |  |
| **Area Supervisor** |  |



AREA SAFETY WALK FOLLOW UP ACTION LIST

*Forward to Supervisor*

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| DATE | DESCRIPTION OF  ACTION ITEM | WORK ORDER # | COMPLETION  COMMENTS | COMPLETED | |
| SIGNED | DATE |
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