

Safety workplace Inspection Check-list



Owner/Representative

Address

Home Ph

Work Ph

Mobile

Date

Inspected By Signature _____

Name: _____
 Safety Induction Card No: _____

Name: _____
 Safety Induction Card No: _____

Name: _____
 Safety Induction Card No: _____

Name: _____
 Safety Induction Card No: _____

Service type

House washing	Yes / No	Roof cleaning	Yes / No
High pressure cleaning	Yes / No	Gutter cleaning	Yes / No
Driveway cleaning	Yes / No	Concrete cleaning	Yes / No

Elements	yes	no	N/A	Comments/Hazards
Is gutter line at 3 metres high rule				
Is roof pitch 26 degrees and over				
Is there safe access to the work place				
Can everyone reach their place of work safely				
Is safety railing /equivalent protection required				
Are ladders the right means of access for job				
Are all ladders in good condition				
Do ladders rise a sufficient height above landing				
Are ladders secured to prevent them slipping				
Area is tidy and free of objects				
Adequate set up area provided				
Entrees to work site free of obstructions				
Are there barriers/ warning notices in place				
Electrical safety test tags up to date				
First aid kit accessible within 5 minutes				
First aid contents are in date				

Starting time : _____ Hrs : _____ Hrs
 Finishing time : _____ : _____

Other Comments

Recommendations
