## [Company name]

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# Workplace safety inspection checklist

A walk-through inspection record - area by area, hazards noted, actions assigned.

**Inspection date:** _____

**Inspected by:** _____

**Area / site:** _____

**Next inspection due:** _____

## Inspection findings

| No. | Item | Standard | Status | Notes |
|---|---|---|---|---|
| 1 | Fire exits and escape routes | Clear and unlocked | [OK / Issue] | [Notes] |
| 2 | Fire extinguishers and alarms | In date, accessible | [OK / Issue] | [Notes] |
| 3 | Electrical equipment and cables | No damage, PAT in date | [OK / Issue] | [Notes] |
| 4 | Lighting (general and emergency) | All working | [OK / Issue] | [Notes] |
| 5 | Floors, stairs and walkways | No trip hazards, handrails sound | [OK / Issue] | [Notes] |
| 6 | Storage and racking | Stable, within load limits | [OK / Issue] | [Notes] |
| 7 | Machinery guards | Fitted and secure | [OK / Issue] | [Notes] |
| 8 | Hazardous substances (COSHH) | Labelled, stored correctly | [OK / Issue] | [Notes] |
| 9 | PPE availability | Correct types available | [OK / Issue] | [Notes] |
| 10 | First aid kit | Stocked, in date | [OK / Issue] | [Notes] |
| 11 | Welfare facilities | Clean, hot water, drinking water | [OK / Issue] | [Notes] |
| 12 | Housekeeping | Tidy, waste removed | [OK / Issue] | [Notes] |

## Actions required

| Action | Owner | Due date | Completed |
|---|---|---|---|
| [Action] | [Name] | [Date] | |
| [Action] | [Name] | [Date] | |

## Sign-off

**Inspector:** _____ **Manager:** _____ **Date:** _____