[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:** _____