

COMPANY / EMPLOYER _____

SITE / LOCATION _____

DEPARTMENT _____

DATE OF INSPECTION _____

INSPECTOR NAME & DESIGNATION _____

ACCOMPANYING PERSON / WITNESS _____

INSPECTION TYPE
 Routine Post-Incident Audit

KEY: P Pass / Compliant F Fail / Non-Compliant N Not Applicable RISK RATING (IF F): H High - Immediate Action M Medium - 7 Days L Low - 30 Days

A PHYSICAL ENVIRONMENT & HOUSEKEEPING ALL AREAS

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
1	Walkways are clearly marked, unobstructed, and free of trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Floors are clean, dry, non-slip or have appropriate anti-slip matting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	All work areas are adequately lit — natural and artificial lighting functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Waste is segregated at source and disposed of correctly — no accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Storage areas are orderly — safe stacking, within weight/height limits, colour coded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Ventilation is adequate — no excessive fumes, dust, or heat accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B MACHINERY, EQUIPMENT & TOOLS PRODUCTION / WORKSHOP

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
7	All machinery has appropriate guarding in place — guards intact and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Emergency stop buttons/switches are clearly identified, accessible, and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Lock-out/Tag-out (LOTO) procedures are in place and understood by operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Portable electrical equipment (PAT) is tagged, tested, and within service date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	Faulty or damaged tools have been removed from service and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C ELECTRICAL SAFETY ALL AREAS

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
12	No exposed wiring, damaged plugs, overloaded sockets or extension cords observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	Electrical distribution boards are labelled, accessible, and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14	RCDs (Residual Current Devices) are installed, tested, and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

D FIRE SAFETY & EMERGENCY PREPAREDNESS ALL AREAS

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
15	Fire extinguishers are mounted, signed, within service date, and correct type for risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	Fire exits are clearly signed, unobstructed, and fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	Emergency evacuation routes and assembly points are posted and clearly visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18	Flammable/combustible materials stored correctly, away from ignition sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19	First aid kit is stocked, accessible, within expiry, and first aider on shift is present <i>Reg 3(1) - First Aid Regs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

E CHEMICAL & HAZARDOUS SUBSTANCES STORAGE / LAB / WORKSHOP

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
20	MSDS (Material Safety Data Sheets) accessible for all hazardous substances on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21	All chemical containers are labelled — no unlabelled or decanted containers observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22	Incompatible chemicals stored separately — spill containment in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

F PERSONAL PROTECTIVE EQUIPMENT (PPE)

ALL AREAS

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
23	Required PPE is available, issued at no cost, and appropriate for the task/area <i>OHS Act 58(2)(b)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24	PPE is in good condition — no damaged, expired, or substandard equipment in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25	PPE is being worn correctly and consistently in all designated zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

G SAFETY SIGNAGE, REPORTING & TRAINING RECORDS

ALL AREAS

#	INSPECTION ITEM	P	F	N	RISK	ACTION REQUIRED / RESPONSIBLE PERSON
26	Mandatory, warning, prohibition, and information signage in place and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27	Incident/near-miss register is maintained and accessible — no backlog of unrecorded events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28	All employees have completed safety induction — signed records on file <i>SAQA US 259639 aligned</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29	Emergency contact numbers displayed prominently at key points throughout facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OVERALL RESULT: **SATISFACTORY** **IMPROVEMENTS REQUIRED** **UNSATISFACTORY — ESCALATE**

29
TOTAL ITEMS
PASS (P)
FAIL (F)
NOT APPLICABLE (N)

+ ADDITIONAL OBSERVATIONS / COMMENTS

INSPECTOR SIGN-OFF

Inspector Signature _____

Print Name _____

Date _____

Time _____

MANAGEMENT ACKNOWLEDGEMENT

Manager Signature _____

Print Name & Designation _____

Date Reviewed _____

Next Review Due _____