SWIFT SKILLS ACADEMY

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EMPLOYER INSPECTION PACK

WORKPLACE HEALTH & SAFETY RESOURCE | SOUTH AFRICA 2027

WORKPLACE HOUSEKEEPING INSPECTION PACK

50 PRACTICAL CHECKS

A practical employer resource for inspecting floors, walkways, storage, stacking, demarcation, waste and spills - with observation, corrective-action and close-out tools.

50 CHECKS

Five focused inspection sections

ACTION REGISTER

Assign owners and due dates

CLOSE-OUT

Verify the correction actually worked

1 INSPECT

2 IDENTIFY

3 CONTROL

4 ASSIGN

5 CORRECT

6 VERIFY

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EMPLOYER QUICK GUIDE

Use the pack as a working safety tool

Adapt this resource to your workplace, risk profile and applicable legal or technical requirements. It is designed to turn a visual finding into documented corrective action.

1 INSPECT
Walk the actual workplace.

2 IDENTIFY
Record the specific condition.

3 CONTROL
Take suitable immediate action.

4 ASSIGN
Give the finding an owner.

5 CORRECT
Address the underlying cause.

6 VERIFY
Check that the fix really works.

Inspection result legend

P — Pass
Condition acceptable at the time of inspection.

F — Fail
A deficiency or housekeeping problem was observed.

N/A — Not Applicable
The check does not apply to this area.

NV — Not Verified
The inspector could not confirm the item and should not guess.

IMPORTANT USE NOTE

This checklist is a practical employer aid. It does not replace a site-specific risk assessment, statutory inspection, competent-person requirement, specialist technical inspection or another legally required process. A completed checklist is not a compliance certificate.

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SECTION A

Floors & Walking Surfaces

Check the condition of floors and the routes employees actually use.

Site / Area: _____ **Inspector:** _____ **Date:** _____

#	INSPECTION CHECK	RESULT P	F	N/A	NV	NOTES
1	Floors are free from loose materials, offcuts, packaging, tools and avoidable trip hazards.	☐	☐	☐	☐	
2	Walking surfaces are in reasonable repair with no obvious holes, loose flooring or unsafe level changes.	☐	☐	☐	☐	
3	Slippery surfaces caused by water, oil, grease, dust or process material are controlled.	☐	☐	☐	☐	
4	Spills are addressed promptly and the underlying source is investigated where necessary.	☐	☐	☐	☐	
5	Recurring leaks are escalated for permanent corrective action rather than managed indefinitely.	☐	☐	☐	☐	
6	Floor openings, pits or hatches are appropriately guarded, covered or controlled.	☐	☐	☐	☐	
7	Electrical leads, hoses and temporary services do not create avoidable pedestrian hazards.	☐	☐	☐	☐	
8	Steps, ramps, thresholds and changes in floor level can be navigated safely.	☐	☐	☐	☐	
9	Wet-process areas have suitable drainage and controlled walking surfaces.	☐	☐	☐	☐	
10	Employees can move through the work area without unnecessary obstruction.	☐	☐	☐	☐	

SECTION B

Walkways, Passages & Access Routes

Confirm that pedestrian routes, stairs, passages and important access points remain usable.

Site / Area: _____ **Inspector:** _____ **Date:** _____

#	INSPECTION CHECK	RESULT P	F	N/A	NV	NOTES
11	Designated pedestrian routes are usable and not occupied by pallets, stock or equipment.	☐	☐	☐	☐	
12	Passageways are free from materials that have become temporary or permanent storage.	☐	☐	☐	☐	
13	Stairs are free from boxes, tools, waste and stored materials.	☐	☐	☐	☐	
14	Gangways remain clear enough for the work activities and traffic using them.	☐	☐	☐	☐	
15	Emergency exits and escape routes are accessible and not obstructed.	☐	☐	☐	☐	
16	Access to firefighting equipment is maintained.	☐	☐	☐	☐	
17	Access to first-aid equipment is maintained.	☐	☐	☐	☐	
18	Operational, electrical and emergency equipment is not blocked by storage.	☐	☐	☐	☐	
19	Pedestrian routes are protected from encroaching stock or materials where necessary.	☐	☐	☐	☐	
20	Temporary materials, tools and equipment are removed when the task is complete.	☐	☐	☐	☐	

SECTION C

Storage Areas

Review how materials are organised, supported and positioned relative to people, equipment and emergency access.

Site / Area: _____ **Inspector:** _____ **Date:** _____

#	INSPECTION CHECK	RESULT P	F	N/A	NV	NOTES
21	Materials are stored in intended or designated locations.	☐	☐	☐	☐	
22	Storage areas are organised so items can be retrieved without unnecessary exposure.	☐	☐	☐	☐	
23	Damaged pallets are removed from service where they could affect safe handling or stacking.	☐	☐	☐	☐	
24	Containers are in suitable condition and are not visibly damaged or distorted.	☐	☐	☐	☐	
25	Frequently used items can be accessed without climbing, overreaching or unsafe improvisation.	☐	☐	☐	☐	
26	Heavy items are stored in a stable and reasonably accessible manner.	☐	☐	☐	☐	
27	Stored items are prevented from falling into walkways, work areas or lower levels.	☐	☐	☐	☐	
28	Storage near workplace vehicles is arranged to reduce impact or destabilisation risks.	☐	☐	☐	☐	
29	Racking, shelving and storage supports show no obvious damage requiring escalation.	☐	☐	☐	☐	
30	Storage does not block emergency equipment, exits or important operational access.	☐	☐	☐	☐	

SECTION D

Safe Stacking

Check the base, support, condition, stability, access and supervision associated with stacked material.

Site / Area: _____ **Inspector:** _____ **Date:** _____

#	INSPECTION CHECK	RESULT P	F	N/A	NV	NOTES
31	Stacks are built on a suitable and stable base.	☐	☐	☐	☐	
32	Lower tiers and packaging appear capable of supporting material above them.	☐	☐	☐	☐	
33	Pallets, bins, crates and containers used in stacks are in acceptable condition.	☐	☐	☐	☐	
34	Racking or other support structures are suitable for the material stored.	☐	☐	☐	☐	
35	Stacks show no obvious leaning, deformation, movement or instability.	☐	☐	☐	☐	
36	Unstable stacks are isolated, corrected or escalated promptly.	☐	☐	☐	☐	
37	De-stacking is carried out in a manner that does not destabilise lower material.	☐	☐	☐	☐	
38	Employees have suitable means of access and are not climbing shelving or stock.	☐	☐	☐	☐	
39	Vehicle or machinery movement near stacks is controlled so it does not destabilise material.	☐	☐	☐	☐	
40	Stacking activities are supervised by an appropriate person where required.	☐	☐	☐	☐	

SECTION E

Demarcation, Waste & Spills

Inspect zone control, waste, spills and whether failed findings enter a corrective-action process.

Site / Area: _____ **Inspector:** _____ **Date:** _____

#	INSPECTION CHECK	RESULT P	F	N/A	NV	NOTES
41	Storage zones, pedestrian routes and working areas are distinguishable where separation is needed.	☐	☐	☐	☐	
42	Floor markings and demarcation used by the workplace remain visible and understandable.	☐	☐	☐	☐	
43	Stored material remains within intended storage areas and does not spread into access routes.	☐	☐	☐	☐	
44	Bins and waste containers are positioned so they do not create new obstructions.	☐	☐	☐	☐	
45	Waste is removed before it creates unsafe accumulation, obstruction or exposure.	☐	☐	☐	☐	
46	Spill-control materials are available where the workplace risk warrants them.	☐	☐	☐	☐	
47	Used spill-control material is handled or disposed of appropriately.	☐	☐	☐	☐	
48	Workstations are returned to a safe condition after tasks are completed.	☐	☐	☐	☐	
49	Temporary barriers, cones and warning measures are removed or restored appropriately after work.	☐	☐	☐	☐	
50	Failed housekeeping findings are entered into a corrective-action process and tracked to closure.	☐	☐	☐	☐	

OBSERVATION REPORT

Record the finding clearly

Use this page for a significant housekeeping observation that needs more detail than the checklist provides.

Employer: _____ **Site:** _____

Area / Department: _____ **Date / Time:** _____

1. CATEGORY

- ☐ Floor / walkway
- ☐ Storage
- ☐ Stacking
- ☐ Waste / spill
- ☐ Demarcation
- ☐ Other

2. POTENTIAL CONSEQUENCE / EXPOSURE

3. WHAT WAS OBSERVED?

4. IMMEDIATE CONTROL / ACTION TAKEN

CORRECTIVE ACTION

Assign, correct and verify

Continue the same observation here. Keep significant findings open until the correction has been implemented and verified.

5. PERMANENT CORRECTIVE ACTION REQUIRED

6. RESPONSIBLE PERSON _____ DUE DATE _____

7. COMPLETION EVIDENCE / REFERENCE _____

8. VERIFICATION / CLOSE-OUT COMMENTS

CLOSE-OUT CONFIRMATION

☐ Action implemented ☐ Hazard controlled ☐ No new hazard created

Verified by: _____ **Date:** _____

CORRECTIVE-ACTION REGISTER

Track findings to verified closure

Use one line per finding. DONE means the task was completed; VERIFIED means someone checked that the correction is effective.

Employer: _____ **Site:** _____ **Review:** _____

#	Finding / Area	Action Required	Owner	Due	Status
1					☐ OPEN ☐ DONE ☐ VERIFY
2					☐ OPEN ☐ DONE ☐ VERIFY
3					☐ OPEN ☐ DONE ☐ VERIFY
4					☐ OPEN ☐ DONE ☐ VERIFY
5					☐ OPEN ☐ DONE ☐ VERIFY
6					☐ OPEN ☐ DONE ☐ VERIFY
					☐ OPEN

CLOSE-OUT RULE

Do not close a finding because someone wrote “done”. Verify that the action was implemented, the housekeeping hazard is adequately controlled and the same issue is not immediately recurring.

CLOSE-OUT VERIFICATION

Verify the control - not merely the paperwork

Use this page after a significant finding has been corrected.

1.	Was the corrective action actually implemented?	☐ YES	☐ NO	☐ N/A
2.	Is the original housekeeping hazard now adequately controlled?	☐ YES	☐ NO	☐ N/A
3.	Has the correction created a new hazard or obstruction?	☐ YES	☐ NO	☐ N/A
4.	Does the same problem exist elsewhere in the workplace?	☐ YES	☐ NO	☐ N/A
5.	Is further maintenance, engineering, supervision or training required?	☐ YES	☐ NO	☐ N/A
6.	Has the finding recurred since the corrective action was implemented?	☐ YES	☐ NO	☐ N/A

VERIFICATION EVIDENCE / COMMENTS

Verified by: _____ **Role:** _____ **Date:** _____

MANAGEMENT REVIEW

Look for patterns, not only individual failures

Use the review to identify recurring housekeeping problems, overdue actions and system changes that may be required.

MONTHLY HOUSEKEEPING MANAGEMENT REVIEW

Most common failed category: _____

Area with repeat findings: _____

Number of open corrective actions: _____

Number of overdue actions: _____

Recurring leaks / storage / obstruction issues: _____

System change required this month: _____

Training / supervision issue identified: _____

Management decision / escalation: _____

NEED WORKPLACE SHE / OHSA COMPLIANCE TRAINING?

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MANAGEMENT SIGN-OFF

Name: _____ **Role:** _____ **Date:** _____