Workplace Safety Inspection

Routine walk-round inspection of housekeeping, access, fire safety, welfare, electrical safety and first aid.

Inspection

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Area inspected *	
Inspected by *	

Checklist

Item	Satisfactory	Unsatisfactory	N/A
Floors and walkways clear and in good condition *	☐	☐	☐
Stairs and handrails in good condition *	☐	☐	☐
Lighting adequate *	☐	☐	☐
Fire exits clear and signed *	☐	☐	☐
Fire extinguishers in place and in date *	☐	☐	☐
Fire doors closed and undamaged *	☐	☐	☐
Electrical leads and sockets undamaged *	☐	☐	☐
Storage safe and stable *	☐	☐	☐
Welfare facilities clean and stocked *	☐	☐	☐
First aid kit stocked *	☐	☐	☐
Signage and notices displayed *	☐	☐	☐
Waste managed *	☐	☐	☐
Temperature and ventilation adequate *	☐	☐	☐

Defects and actions

Defect / issue description *	Severity *	Action taken or recommended	Defect photo

Defect / issue description *	Severity *	Action taken or recommended	Defect photo

Sign-off

Additional comments	
Inspector name *	
Inspector signature *	
Date signed *	_____ / _____ / _____

* Required