## WORKSHOP INSPECTION CHECKLIST – OHSE

The answer to all these questions should be 'yes' or N/A. If 'no' you should note the location and brief details and investigate the problem further to identify actions.

Areas inspected:

	HAZARD	YES,	COMMENTS	RECOMMENDED CORRECTIVE	TARGET	COMPLETED
		NO or	(location & brief details)	ACTION	COMPLETION	(date & signature)
		N/A		(with person assigned)	DATE	
ls up-to-						



HAZARD	YES, NO or	COMMENTS (location & brief details)	RECOMMENDED CORRECTIVE ACTION	TARGET COMPLETION	COMPLETED (date & signature)
	N/Ap		(with person assigned)	DATE	(uale & signature)
	N/Ap		(with person assigned)	DATE	
Are stairwells clear of materials and equipment?					
Are stairs and handrails in good condition?					
Are ladders and stairs provided with anti-slip treads?					
Other Hazards/Notes					