

<i>Scheme Members Logo</i>	Community Hall / Civic Centre Hazard Inspection Checklist	
Locations and area being inspected:		
Inspected by (1):	Inspected by (2):	
Signature:	Signature:	
Date of Inspection:	Time:	AM/PM

TO COMPLETE THE INSPECTION:

1. Use the checklist as a guide to inspect the area and identify and control hazards.
2. All questions should be answered by marking the appropriate column. (Y) = Yes, (N) = No, (NA) = Not Applicable.
3. Check each item on the form. If you tick 'N' for an item, determine the **risk level** by using the 'Risk Assessment Matrix' and write down the risk level on the checklist.
4. A risk level of High or Extreme must be immediately reported to the Supervisor and a formal, documented risk assessment conducted.
5. When completed, transfer all hazards that can't be rectified immediately to the 'Risk Management Action Plan' (RMAP).
6. Ensure that appropriate control measures are identified that follow the "Hierarchy of Controls".
7. Forward the checklist and RMAP to the appropriate Manager and the WHS Officer for further action (if required) and sign-off as per Council Policy / Procedures.
8. Monitor control measures to ensure that they have been properly implemented and that the risk has been reduced to an acceptable level.

Risk Assessment Matrix		Consequences				
		Negligible <small>No injuries or not requiring first aid</small>	Minor <small>First aid needed</small>	Moderate <small>Medical treatment</small>	Major <small>Serious injury</small>	Severe <small>Death or permanent disability.</small>
Likelihood	Certain to occur <small>Expected to occur in most circumstances</small>	Medium	High	High	Extreme	Extreme
	Very Likely <small>Will probably occur in most circumstances</small>	Medium	Medium	High	Extreme	Extreme
	Possible <small>May occur occasionally</small>	Low	Medium	Medium	Extreme	Extreme
	Unlikely <small>Could happen at some time</small>	Low	Low	Medium	High	High
	Rare <small>May happen only in exceptional circumstances</small>	Low	Low	Medium	Medium	Medium
Risk Level	Recommended Actions					
Extreme	Immediate action required – Activity must not proceed until steps are taken to reduce risk to as low as reasonably practicable using the hierarchy of controls					
High	Risk control measures required to reduce risks to as low as reasonably practicable using the hierarchy of controls					
Medium	Review risk assessment and ensure control measures to reduce risk to as low as reasonably practicable using the hierarchy of controls					
Low	Manage risks by routine procedures and monitor					

No	Item to check	Y	N	NA	Risk (H/M/L)	Comments
1	Fire Protection					
a	Are inspection tests up to date for: (every 6 months) Inspected fire extinguishers? <input type="checkbox"/> Fire extinguishers? Date of last test/20..... <input type="checkbox"/> Hose Reels? Date of last test/20.....					
b	Is fire equipment marked with a location marker (above the fire extinguisher)?					
c	Are all fire extinguishers accessible and clear from obstruction?					
2	Emergency Evacuation					
a	Are written procedures / plans in place and current?					
b	Are assembly areas allocated and understood?					
c	Does a minimum of 1 practice drill occur per year?					
d	Are warning systems clear (audible) in all areas?					
e	Are all exits kept clear?					
f	Are signs operating correctly?					
g	Are instructions given to people who use / hire?					
3	First Aid					
a	Are there sufficient first aid kits at the workplace?					
b	Are first aid kits checked on a regular basis? Date of last check/20.....					
c	Is all content in date? (Check expiry dates).					
d	Do the contents of kits agree with contents list?					
e	Are first aid officer's identities displayed?					
f	Are emergency telephone numbers displayed?					
g	Are all injuries reported and recorded? (View book or form).					
h	When first aid equipment is used, is it recorded?					
i	Is a sharps kit available?					
j	Is a first aid sign displayed above the kit?					
4	Electrical					
a	Is electrical equipment tested and tagged on a regular basis? (Check some tags) Date of test/20.....					
b	Is the stage and kitchen areas protected by RCDs?					
c	Are RCDs manually tested to ensure correct operation? Date of test/20.....					
d	Are the correct power boards used (no double adaptors or piggy back plugs)?					
e	Is clear access provided to switchboards (1 m)?					
f	Are switchboards in good condition? <input type="checkbox"/> No holes on covers. <input type="checkbox"/> Marking of circuit breakers (legend).					
g	Are light switches, light fittings or power points free from damage?					
h	Are any hire electrical equipment (urns, stage lighting, ovens) tested and tagged before each hire?					
i	Is there sufficient lighting throughout the premises?					
j	Are all stage lights secured by a safety chain?					
5	Signage					
a	Are signs in good condition (not faded)?					
b	Are sufficient signs in use – internally and externally					

No	Item to check	Y	N	NA	Risk (H/M/L)	Comments
	including: Information signs (first aid, general)?					
c	Are out of service / danger tags available for use?					
6	Personal Protective Equipment					
a	Is appropriate PPE available and being used and maintained correctly?					
b	Is all PPE maintained in good condition? (Check some PPE).					
7	Hazardous Chemicals					
a	Have all chemicals been identified?					
b	Are chemicals correctly stored?					
c	Are containers well marked / labelled correctly?					
d	Are all household chemicals clearly labelled and in their original containers (i.e. not transferred to food containers such as soft drink bottles)?					
e	Is there appropriate ventilation for both use and storage?					
f	Are Safety Data Sheets (SDSs) provided and available to all staff? (Eg. cleaning products).					
g	Is there a hazardous chemicals register available on site? (Check if several hazardous chemicals found in the workplace are in the register).					
8	Plant / Equipment					
a	Are ladders in good condition? (No domestic ladders on site)					
b	Are all manual handling aids (hoists, trolleys) well-maintained, free of damage and wear and tear?					
9	Portable Power Tools					
a	Are portable power tools in good condition? (Check some items)					
b	Are adequate storage facilities provided?					
c	Do staff use the power tools correctly with RCDs?					
d	Are all guards in place?					
10	Interior Environment					
a	Are floor surfaces in good condition (Floor surfaces <u>not</u> slippery or uneven, and <u>no</u> loose material, debris, worn carpeting)?					
b	Is all furniture in safe condition for normal use?					
c	Are stairways and aisles kept clear?					
d	Are the aisles marked and visible?					
e	Do lighting levels appear to be satisfactory?					
11	Exterior Environment					
a	Are parking areas well marked and lit?					
b	Are roadways in good condition and speed bumps / signs provided where necessary?					
c	Is housekeeping in good order?					
d	Are paths and external stairs in good condition?					
12	Access					
a	Do stairways, landing and ramps have well-secured handrails from top to bottom and railing that complies with the Building Code minimum 125 mm gap.					
b	Do all of the steps, ramps, and landings have sufficient lighting above them?					
c	Are all obstructions which could cause a person to trip been identified and corrected?					

No	Item to check	Y	N	NA	Risk (H/M/L)	Comments
d	Have all restrictions to access for any clients been identified and rectified? (Eg. Disabled persons, mothers with prams, children, elderly etc)?					
e	Have any rips, stretches or damaged floor coverings that may pose a trip hazard, been identified and rectified?					
f	Are appropriate actions taken for areas where floors are slippery floors when wet?					
g	Any obstructions restricting access to doorways, steps halls etc, been removed?					
13	General					
a	Are all work areas maintained in a clean and tidy state? <input type="checkbox"/> Workshop <input type="checkbox"/> Storage Areas <input type="checkbox"/> Other					
b	Are there adequate storage facilities?					
c	Does staff use good stacking and storage practices?					
d	Is the correct lifting equipment being used for lifting activities?					
e	Are staff using the correct manual handling techniques when lifting materials?					
f	Are items stored in their designated areas in the storage facilities provided?					
g	Are aisles kept clear at all times (no trip hazards)?					
h	Are incident / injury forms available?					
i	Are Hazard Report forms available?					
j	Does regular waste removal occur?					
k	Are stage curtains made from flame retarded material? (check label on bottom of curtain)					
14	Amenities					
a	Are the following facilities provided adequately: <input type="checkbox"/> Male Toilets? <input type="checkbox"/> Female Toilets?					
15	Notice Board					
a	Is the WH&S Policy displayed?					
b	Is the Rehabilitation Policy displayed?					
c	Are the following names displayed? - <input type="checkbox"/> First Aid Officers <input type="checkbox"/> Fire Wardens					
16	Other Hazards (not included in this checklist)					
a						
b						
c						
d						
e						

(Scheme Member's Name)

Supervisor		
Name:	Signature:	Date:
Comments:		

Manager		
Name:	Signature:	Date:
Comments:		

WHS Team		
Name:	Signature:	Date:
Comments:		

Risk Management Action Plan (RMAP)						
No	Hazard / Non Compliance	Risk Level Before Controls	Controls / Corrective Actions	Risk Level After Controls	Person responsible	Proposed completion date

Risk Assessment Matrix		Consequences				
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	Rare May happen only in exceptional circumstances	Low	Low	Medium	Medium	Medium

Risk Level	Recommended Actions
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Hierarchy of Controls	
Priority	Control Method
1	Eliminate the hazard
2	Substitute safer equipment/processes
3	Isolate the hazard
4	Use engineering controls
5	Use administrative controls
6	Use personal protective equipment