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Workplace Health and Safety Audit Checklist

Working Environment			
Working Environment			
Is it too hot?	Yes	No	N/A
Is it too cold?	Yes	No	N/A
Is there adequate ventilation?	Yes	No	N/A
Is the lighting level adequate?	Yes	No	N/A
REFERENCE: A well-lighted workplace. [This is an example of how you can use monitorQA to include best practice reference images in your templates to assist with inspections]			
Is the environment dusty?	Yes	No	N/A
Health and Safety notice displayed?	Yes	No	N/A
Is the work environment noisy?	Yes	No	N/A

Housekeeping			
Housekeeping			
Inspection area tidy, clean and well organized?	Yes	No	N/A
Access ways obstructed?	Yes	No	N/A
Tripping hazards (including floor finishes)?	Yes	No	N/A
All electrical cleaning equipment tested?	Yes	No	N/A
All equipment stored under correct conditions?	Yes	No	N/A
Rubbish disposal area clean and clear?	Yes	No	N/A
Sharps removal procedure in place?	Yes	No	N/A
No smoking signs in position?	Yes	No	N/A

Material storage			
Material storage			
Correctly stored?	Yes	No	N/A
Shelving overloaded/stacked incorrectly?	Yes	No	N/A
Shelving in good condition?	Yes	No	N/A
Suitable access to high level storage?	Yes	No	N/A

Electrical			
Electrical			
Is all portable equipment tested and labeled?	Yes	No	N/A
Leads undamaged?	Yes	No	N/A
Trailing leads?	Yes	No	N/A
Sockets overloaded?	Yes	No	N/A

Ladders/Step ladders			
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Procedure for inspection/records?	Yes	No	N/A
Equipment in good condition?	Yes	No	N/A
Company I.D./marking?	Yes	No	N/A
Procedure for erection?	Yes	No	N/A

Kitchen Areas			
Kitchen Areas			
Safety notices in place?	Yes	No	N/A
Cleaning schedule in place?	Yes	No	N/A
Microwave sticker in place?	Yes	No	N/A
Spillage procedure in place?	Yes	No	N/A

Toilet Facilities			
Toilet Facilities			
Toilet area clean and tidy?	Yes	No	N/A
Adequate soap?	Yes	No	N/A
Hand towels/drying facilities in place and working?	Yes	No	N/A
Adequate toilet paper?	Yes	No	N/A
Sanitary disposal in place?	Yes	No	N/A
Sanitary vending in place?	Yes	No	N/A
Walls and surfaces clean?	Yes	No	N/A

First Aid			
First Aid			
Name of appointed person displayed and dated?	Yes	No	N/A
Telephone number for appointed person displayed?	Yes	No	N/A
Emergency telephone number displayed?	Yes	No	N/A
Accident reporting procedure in place?	Yes	No	N/A

Fire Precautions			
Fire Precautions			
Routes clear of obstructions?	Yes	No	N/A
Fire doors easily opened?	Yes	No	N/A
Fire doors propped open?	Yes	No	N/A
Emergency lighting adequate?	Yes	No	N/A
Evacuation routes clearly signed?	Yes	No	N/A
Extinguishers in place?	Yes	No	N/A
Extinguishers in date?	Yes	No	N/A
Correct type?	Yes	No	N/A
Identification label in place?	Yes	No	N/A
Hose reels in test?	Yes	No	N/A
Smoke/heat detectors checked?	Yes	No	N/A

Fire instructions			
Fire instructions			
Posted up?	Yes	No	N/A
Free from damage?	Yes	No	N/A
Current and up to date?	Yes	No	N/A
Weekly test undertaken?	Yes	No	N/A

Annual evacuation undertaken?	Yes	No	N/A
Evacuation chairs in place?	Yes	No	N/A
Fire risk assessment completed?	Yes	No	N/A

COSHH (control of substances hazardous to health)			
COSHH			
COSHH assessments in place?	Yes	No	N/A
Exposure adequately controlled?	Yes	No	N/A
Data sheet information available?	Yes	No	N/A
Spillage procedure in place?	Yes	No	N/A
Correctly stored?	Yes	No	N/A
Correctly disposed of?	Yes	No	N/A
Disposal of hazardous waste in place?	Yes	No	N/A
Flammable liquids correctly stored/signed?	Yes	No	N/A

Machinery			
Machinery			
All guards in place?	Yes	No	N/A
Kept clean of rubbish?	Yes	No	N/A
Emergency stop buttons fitted?	Yes	No	N/A
Safety warning notices in place?	Yes	No	N/A
Risk assessment in place?	Yes	No	N/A

PPE (personal protective equipment)			
PPE			
Correct type for hazard identified?	Yes	No	N/A
Good condition?	Yes	No	N/A
Correctly stored?	Yes	No	N/A

Eyewash Bottles/Cylinders			
Eyewash Bottles/Cylinders			
Full?	Yes	No	N/A
In date?	Yes	No	N/A
Correctly stored/signed?	Yes	No	N/A
Correct pressure?	Yes	No	N/A

Outside areas			
Outside areas			
Roadways in good condition?	Yes	No	N/A
Pavements in good condition?	Yes	No	N/A
Access ramps in place?	Yes	No	N/A
Steps clear of obstructions and clean?	Yes	No	N/A
Cycle racks being used?	Yes	No	N/A
Hand rails in good condition?	Yes	No	N/A
All lights working?	Yes	No	N/A
All notices in place?	Yes	No	N/A
Completion			
Completion			
Recommendations			



Full Name and Signature of the Inspector:

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.