

# CHECKLIST FOR SAFETY INSPECTIONS (General)

- Answer the questions with yes or no. Answer by putting a cross in the appropriate square, then fill in the three squares next to it. The completed form is an action plan that may be included in your health and safety work.
- Assess the hazards caused by the faults you have noted. Mark any hazards that are serious.
- Are there any questions or sections in the form that do not apply to your operation? Cross them out! Do you think some points are missing? Then add them!

**Modify the checklist to meet your requirements!**

- We suggest you begin with the questions marked in colour. They are about the more important issues.
- We suggest that the manager/work supervisor and safety representative or one or more employees complete the checklist together. When necessary, the checklist can be broken down and different managers complete the sections that concern their particular areas.
- Complete the checklist on a regular basis – twice a year, for example.
- **Follow up the inspection to verify that the measures you recommended have been implemented!**

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Participants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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	What action must be taken? Is any additional help needed?	Who is responsible for ensuring the work is done?	When shall it be finished?
<b>HOUSEKEEPING</b>			
<b>1.</b> Is housekeeping at the workplace satisfactory (waste, rubbish, stored materials and suchlike)? Are efficient cleaning procedures in effect?  Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>2.</b> Is the workplace orderly enough to ensure that accidents are avoided, evacuation routes are not obstructed, that stacks of materials do not collapse, etc?  Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>3.</b> Are there stairs/ladders that need attention (to be fitted with handrails, safety railing, etc)?  Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>4.</b> Are the floors in good condition and made of good quality material?  Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			

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<p><b>5.</b> Are there slippery areas that must be treated, with non-skid surfacing, for example?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>6.</b> Are there power belts or other moving machine parts that should be fitted with guards to prevent people being caught in them?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>7.</b> Is all electrical equipment properly installed and in good condition?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>8.</b> Are there any other problems?</p> <p>No <input type="checkbox"/>                      Yes <input type="checkbox"/> ▶▶</p>			
<p><b>VENTILATION</b></p>			
<p><b>9.</b> Do most employees think the air quality is good?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>10.</b> Are there both inlet and exhaust air systems?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>11.</b> Is the ventilation system running at the correct settings and does it have the appropriate capacity?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>12.</b> Is the inlet air supply sufficient to compensate for local air extraction and other exhaust air (balanced ventilation)?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			
<p><b>13.</b> a) Is regular maintenance of the ventilation system carried out by trained staff and is a record kept of this maintenance?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ▶▶</p>			

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b) Are there effective procedures for the replacement/cleaning/maintenance of filters and ducts? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>14.</b> Is the ventilation system noisy? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>15.</b> Is there any asbestos insulation in the ventilation system? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>16.</b> Are there any other problems? No <input type="checkbox"/> Yes <input type="checkbox"/> ►►			
<b>CLIMATE</b>			
<b>17.</b> Are most employees comfortable with the indoor temperature? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>18.</b> Is supplementary heating/cooling needed in parts of the premises or at certain work sites? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>19.</b> Are there any draughts from windows, entrances or the ventilation system? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>20.</b> Are the work sites located at a distance from draughts (entrances, doors) or uncomfortable sources of heat? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>21.</b> Are sunshades needed on any of the windows? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>22.</b> Are there any other problems? No <input type="checkbox"/> Yes <input type="checkbox"/> ►►			

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<b>NOISE</b>			
<p><b>23.</b> Are noise-suppressing hoods, screens or absorbent ceiling/wall coverings needed to reduce the spread of noise from machinery/equipment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>24.</b> Should the noise level be measured?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>25.</b> Is noise data (sound level when idling, when in operation etc.) requested when new machinery is bought?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>26.</b> Are there any other problems?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> ►►</p>			
<b>LIGHTING</b>			
<p><b>27.</b> Is the general lighting in the premises adequate?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>28.</b> Are the light fittings clean and unbroken?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>29.</b> Is any of the lighting dazzling, (too bright) i.e. are any light fixtures placed too low?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>30.</b> Does dazzling light shine through any windows that are not fitted with sunshades?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>31.</b> Is there adequate local lighting at each work station and is this lighting properly designed (glare-free)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			

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<p><b>32.</b> Does the light intensity need to be measured on the premises or at the workstations?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>33.</b> Are there any other problems?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> ►►</p>			
<b>PROTECTIVE EQUIPMENT</b>			
<p><b>34.</b> Are there emergency first aid procedures in the event of accidents, such as trained staff, first aid equipment for minor injuries (marked with appropriate signs)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>35.</b> If protective equipment (i.e. protective masks, hearing protection, protective clothing etc.) is needed</p> <p>a) is it easily available, in good condition, and is it used?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p>b) can the work be modified to eliminate the need for protective equipment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<b>FIRE AND OTHER EMERGENCIES</b>			
<p><b>36.</b> Is firefighting equipment available and in good working order? Do the employees know where it is located and how to use it?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>37.</b></p> <p>a) Are there contingency plans for emergency situations such as an evacuation plan in the event of fire, gas leaks, tank failure, and are the emergency procedures practiced?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p>b) Are the emergency exits marked with signs that are visible in the dark?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			

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<p>c). Are there two separate emergency exits that are easy to reach?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>38.</b> Are fireproof doors closed and any apertures through firewalls securely closed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>39.</b> Are there any other problems?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> ►►</p>			
<p><b>TRANSPORTATION</b></p>			
<p><b>General</b></p>			
<p><b>40.</b> Is there any risk of people being run over when materials etc. are being transported?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>41.</b></p> <p>a) Are there separate pathways for pedestrian and vehicle traffic (indoors and outdoors) and are they properly signposted and free from obstructions?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p>b) Are the transport passageways easily accessible, free from door sills, steps or angled sections and with doors that can be fixed open?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>42.</b> Are lifting devices, elevators, cranes and travelling cranes in good working order (inspected)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>43.</b> Are there lifting devices or trolleys for loading/unloading or transportation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			

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<b>Trucks</b>			
<b>44.</b> a) Are the trucks in good roadworthy condition and can they be driven without jerky gear changes etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
b) Does the driver's seat and its placement and the design of the controls give the driver a good work posture? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>45.</b> Is visibility from the trucks satisfactory, even when large loads are being transported? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>46.</b> a) Have all truck drivers been trained and been approved by the employer to drive a truck? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
b) Are there battery charging stations or rooms for the trucks? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
c) Is eye protection available for all work involving batteries, and is it used? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
d) Is there a working eyewash device adjacent to the battery charging station? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>47.</b> Do the truck drivers have suitable protective footwear with steel tips (not clogs)? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►			
<b>48.</b> Are there any other problems? No <input type="checkbox"/> Yes <input type="checkbox"/> ►►			

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<b>WORK STATION DESIGN AND WORK ORGANISATION</b>			
<p><b>49.</b> Are the premises pleasant to work in?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>50.</b> Are the chairs, tables etc. designed to allow good work posture?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>51.</b> Is all work organised so that no employee has monotonous and strenuous work?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>52.</b> Can all employees work at their own pace and take breaks during the work?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>53.</b> Is any work task regarded as so stressful that its organisation should be reviewed?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>54.</b> Are there any other problems?</p> <p>No <input type="checkbox"/>                      Yes <input type="checkbox"/> ►►</p>			
<b>PERSONNEL</b>			
<p><b>55.</b> Is there a changing room with shower facilities and, possibly, with separate areas for work clothes and street clothes if the work is very dirty?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>56.</b> Is there a suitably furnished eating area/kitchenette with windows and toilet facilities?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>57.</b> If there are new employees, have they been given enough information/training about health and safety risks/protection?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			

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<p><b>58.</b> Are the employees given regular training, for example in chemical health hazards and other health and safety factors that are important at the workplace?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>59.</b> If under age people are working – are the working hours regulations followed and do they perform work tasks that minors are allowed to do?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>60.</b> Are any employees on long-term sick leave due to work-related illness?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>61.</b> Is there a lot of short-term sick leave that has work as the suspected cause?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>62.</b> Is employee turnover high due to problems in the work environment?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>63.</b> Have serious work-related illnesses, accidents and incidents been reported to the Swedish Work Environment Authority Inspectorate?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>64.</b> Have incidents, accidents and work-related injuries been followed up and appropriate action taken?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			
<p><b>65.</b> Are there any other problems?</p> <p>No <input type="checkbox"/>                      Yes <input type="checkbox"/> ►►</p>			
<p><b>OUTDOOR ENVIRONMENT</b></p>			
<p><b>66.</b> Are as much of the waste products as possible sent for recycling or re-use (glass, paper, cardboard, batteries etc)?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/> ►►</p>			

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<p><b>67.</b> Can you reduce your environmental impact by</p> <p>a) reducing energy consumption? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p> <p>b) reducing the number of transports? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p> <p>c) buying more environmentally-friendly goods, such as paper and cleaning agents? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>68.</b> Do you send environmentally hazardous waste (such as oil, paint, adhesives and solvents) to be disposed of in the approved way? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>69.</b> Are there any other problems? No <input type="checkbox"/> Yes <input type="checkbox"/> ►►</p>			
<p><b>GENERAL</b></p>			
<p><b>70.</b> Do you know which laws and regulations apply to your work environment, and do you comply with them? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>71.</b> Is there a need to modify workstations for disabled/handicapped employees (e.g. toilet facilities, lifts, door sills)? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>72.</b> Is smoking confined to special areas? Are areas where employees may/may not smoke clearly marked? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			
<p><b>73.</b> Is it safe to work alone in the premises in the evenings, at night or at weekends (burglaries may occur)? Yes <input type="checkbox"/> No <input type="checkbox"/> ►►</p>			

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<p><b>74.</b> Are there any other problems?</p> <p>No <input type="checkbox"/>      Yes <input type="checkbox"/> ►►</p>			

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