

## Monthly Workplace Inspection Report

INSPECTION COMPLETED BY : _____ (H&S Representative )	DATE OF INSPECTION: _____	LOCATION: _____
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- € Copy of the report presented to Board of Directors prior to monthly Board meeting
- € Copy of the Inspection Report posted on the Occupational Health & Safety (OHS) Bulletin Board
- € Original Workplace Inspection Report submitted to Board Secretary for tracking
- € A copy of the updated correction action is posted on the OHS Bulletin Board and submitted to the Board Secretary

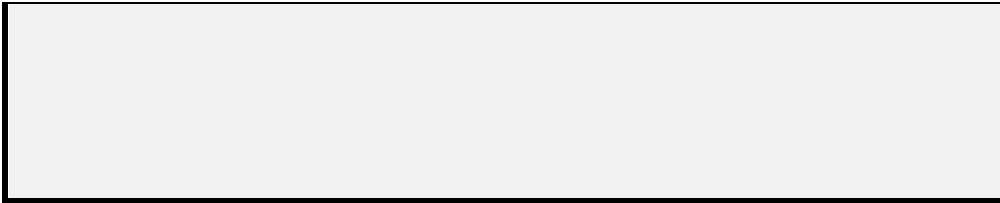
Item	Unsafe Acts or Condition Observed		Hazard Rating	Control Measures & Status (H&S Responsible to Complete)			
1	Description:	Area:	-Risk Level : ____ (1-4)  -Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  -Target Date:  -Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO	Corrective Actions:      Corrected or Planned      Date (Check Box)      (Check Box)      (dd/mm/yy)	1) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__	Action Type: <input type="checkbox"/> Interim <input type="checkbox"/> Permanent  Notes:  H&S member Signature:	
		Responsible person:					
	H&S Comments/Suggestions:			3) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__			
				4) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__			
2	Description:	Area:	-Risk Level : ____ (1-4)  -Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  -Target Date:  -Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO	Corrective Actions:      Corrected or Planned      Date (Check Box)      (Check Box)      (dd/mm/yy)	1) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__	Action Type: <input type="checkbox"/> Interim <input type="checkbox"/> Permanent  Notes:  H&S Signature:	
		Responsible person:					
	H&S Comments/Suggestions:			3) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__			
				4) <input type="checkbox"/> <input type="checkbox"/> __ /__ /__			

Item	Unsafe Acts or Condition Observed		Hazard Rating	Control Measures & Status (H&S Responsible to Complete)				
3	Description:	Area:	-Risk Level : ____ (1-4)	Corrective Actions:	Corrected or (Check Box)	Planned (Check Box)	Date (dd/mm/yy)	Action Type: <input type="checkbox"/> Interim <input type="checkbox"/> Permanent
		Responsible person:	-Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
	H&S Comments/Suggestions:		-Target Date:	2) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __	H&S Signature: _____			
			-Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO	3) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __				
				4) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __				
4	Description:	Area:	-Risk Level : ____ (1-4)	Corrective Actions:	Corrected or (Check Box)	Planned (Check Box)	Date (dd/mm/yy)	Action Type: <input type="checkbox"/> Interim <input type="checkbox"/> Permanent
		Responsible person:	-Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
	H&S Comments/Suggestions:		-Target Date:	2) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __	H&S Signature: _____			
			-Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO	3) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __				
				4) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __				
5	Description:	Area:	-Risk Level : ____ (1-4)	Corrective Actions:	Corrected or (Check Box)	Planned (Check Box)	Date (dd/mm/yy)	Action Type: <input type="checkbox"/> Interim <input type="checkbox"/> Permanent
		Responsible person:	-Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
	H&S Comments/Suggestions:		-Target Date:	2) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __	H&S Signature: _____			
			-Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO	3) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __				

Item	Unsafe Acts or Condition Observed		Hazard Rating	Control Measures & Status (H&S) Responsible to Complete		
6	Description:	Area:	-Risk Level : ____ (1-4)	Corrective Actions:	Corrected or Planned (Check Box)	Date (dd/mm/yy)
	Responsible person:		-Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
H&S Comments/Suggestions:		-Target Date:		2) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __	Notes:	
		-Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO		3) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __		
				4) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __		
7	Description:	Area:	-Risk Level : ____ (1-4)	Corrective Actions:	Corrected or Planned (Check Box)	Date (dd/mm/yy)
	Responsible person:		-Action Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
H&S Comments/Suggestions:		-Target Date:		2) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __	Notes:	
		-Recurrence: <input type="checkbox"/> YES <input type="checkbox"/> NO		3) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __		
				4) <input type="checkbox"/> <input type="checkbox"/> __ / __ / __		

• Notes

**Risk Matrix**



<b>*Risk Level</b>	<b>2. What is the likelihood of the injury or incident occurring</b>			<b>3. Prioritize the action needed</b>
<b>1. How severe could it injure someone or how ill could it make someone?</b>	<b>Very likely</b> Could happen at any time	<b>Likely</b> Could happen sometime	<b>Unlikely</b> Could happen, but very rarely	<b>Action Priority</b>  <b>*ASARP (Action Soon As Reasonably Practicable)</b>
<b>Kill or cause permanent disability or ill health</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1 = Urgent</b> -Act now -Shutdown area or task -Notify manager immediately -Manager to notify Health & Safety members - <b>Action immediately</b>
<b>Long term illness or serious injury</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2 = High Priority</b> -Notify manager immediately – ASARP* but <b>action/completion</b> required <b>within one week</b>
<b>Medical attention and several days off work</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>3 = Medium Priority</b> - ASARP* but <b>action/completion</b> required <b>within one month</b>
<b>First aid needed</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4 = Low Priority</b> - ASARP* but <b>action/completion</b> required <b>within 3 months</b>

**Hierarchy of Controls/Corrective Actions:**

<b>Elimination</b>	<i>Remove the hazard</i>
<b>Substitution</b>	<i>Use an alternative that is less harmful</i>
<b>Engineering</b>	<i>Change or adjust equipment, isolate or enclose hazard</i>
<b>Administration</b>	<i>Reduce exposure, change work practice - Training, signage etc</i>
<b>Personal Protective Equipment (PPE)</b>	<i>Protect the individual from the hazard - Gloves, glasses, respirator etc</i>