

Health and safety self assessment checklist for small business



As a small business operator, you need to be aware of your health and safety responsibilities, identify risks and control hazards at your workplace.

Use this checklist to help you understand what to look for in order to make your workplace safe. If you answer 'no' to any of the questions, you should take action to learn more and fix the hazard you have identified.

Consult with the employees involved in the identified areas and activities, so they can take ownership and more readily put into practice the changes required.

Remember that hazardous manual handling is the biggest cause of workplace injury in Victoria so consider what activities may lead to this type of injury.

You may need to do more than one assessment. Regularly review and update your assessment to ensure you maintain a safe workplace.

Not all sections in this checklist may apply to your business — if this is the case, leave the section blank. If you can only partly answer yes, then you should tick no.

Date of assessment

Assessment completed by

Work area management representative

--	--

Work area health and safety representative (HSR)

Others (employees, consultants)

--	--

Managing safety	Yes	No	Comment
<p>Is there a process for consulting employees about health and safety issues?</p> <p>For example, changes to the work area or equipment, purchasing of new equipment and non-acceptable workplace behaviours like bullying and occupational violence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees know how to report health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consider safety when buying or leasing equipment or machinery?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ask for maintenance records and replacement schedules when purchasing second-hand equipment or machinery?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you regularly check to ensure all guards are in place?	<input type="checkbox"/>	<input type="checkbox"/>	
When buying hazardous substances, do you check Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS) to ensure they are current?	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Are safety instructions on the MSDS and SDS followed?</p> <p>For example, safety instructions for use, personal protective equipment, storage, clean-up and first aid.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Managing safety cont.	Yes	No	Comment
Do you check and ensure that hazardous substances containers are correctly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you check the noise levels of equipment and machinery, purchased or hired, to ensure they are less than 85db(A)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees trained in the safe use of any new equipment, machinery or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have procedures which relate to appropriate behaviour with regards to work-related violence, bullying, sexual harassment?	<input type="checkbox"/>	<input type="checkbox"/>	
Have your employees received training on appropriate workplace behavior? Is there a way to report inappropriate behaviour, including confidential issues?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you provide health and safety information (site induction, emergency and first aid procedures and equipment) for all employees and contractors?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there clear written instructions so tasks can be done safely?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure work is not given to employees who don't have the right skills or certificates?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you regularly check to ensure employees are working safely, even if they are off-site or travelling?	<input type="checkbox"/>	<input type="checkbox"/>	
Are new and inexperienced employees adequately supervised?	<input type="checkbox"/>	<input type="checkbox"/>	
Do team leaders and supervisors know how to keep workers safe? For example work planning and reducing risks.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure employees who need health checks receive them? For example, hearing, blood tests and breathing tests.	<input type="checkbox"/>	<input type="checkbox"/>	
If relevant and agreed to by the employee, are immunisations, for example, Q fever, hepatitis A and B, tetanus or tuberculosis) administered?	<input type="checkbox"/>	<input type="checkbox"/>	

Environment	Yes	No	Comment
Is the workplace clean and tidy? For example, is there a routine for cleaning, rubbish and bin emptying)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there ample storage for equipment, tools, samples, stock, ingredients and product?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all pipes labelled, have enough support and have no leaks, drips or corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	
Are work areas safe from protruding sharp edges or objects?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there enough light for people to do each task safely and without eye strain or glare?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there adequate air and ventilation to ensure good air quality? Contaminants may include dust, fumes, chemicals, solvents, steam, vehicle and fork lift exhaust.	<input type="checkbox"/>	<input type="checkbox"/>	
Is the workplace at a comfortable working temperature?	<input type="checkbox"/>	<input type="checkbox"/>	

Environment cont.	Yes	No	Comment
Are adequate amenities (toilets, dining area) provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Are walkways and stairs kept clear and safe? For example, steps and handrails secure and anti-slip treads.	<input type="checkbox"/>	<input type="checkbox"/>	
Does the workplace pose a risk of injury due to slips, trips and falls? For example, oil, grease, water, leads and cables.	<input type="checkbox"/>	<input type="checkbox"/>	
Is it safe for employees when entering and leaving the building or worksite?	<input type="checkbox"/>	<input type="checkbox"/>	
Can people move safely around traffic areas?	<input type="checkbox"/>	<input type="checkbox"/>	
For example, are walkways clearly marked, vehicles separate from walkways, and there is clear vision at corners?	<input type="checkbox"/>	<input type="checkbox"/>	

Equipment, machinery and tools	Yes	No	Comment
Is the correct equipment used for the job?	<input type="checkbox"/>	<input type="checkbox"/>	
When appropriate have cordless power tools been considered on the worksite to reduce potential incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Have operators of tools, equipment and machinery been trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are stop/start switches clearly marked and in easy reach of an operator?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you safely store waste, particularly if near machinery and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there adequate work space around machinery?	<input type="checkbox"/>	<input type="checkbox"/>	
Are tools, equipment and machinery regularly maintained in accordance with manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a process to ensure all tools, equipment and machinery is turned off prior to maintenance and cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	
Does this process ensure tools, equipment and machinery cannot be turned on by others during maintenance and cleaning processes?	<input type="checkbox"/>	<input type="checkbox"/>	

Job safety	Yes	No	Comment
Are hazards discussed with employees for each task, including hazardous manual handling tasks?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there instructions or procedures. For example, a safe work method statement for all high risk work?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure people who enter your workplace are not exposed to risk? For example, the general public, customers, clients and patients, delivery people, visitors and service personnel.	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees protected from abusive or dangerous behavior? For example, customer service standards and training, security.	<input type="checkbox"/>	<input type="checkbox"/>	

Hazardous manual handling	Yes	No	Comment
Has training and information been given to employees on how to recognise hazardous manual handling?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all tasks involving hazardous manual handling been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you identified solutions by considering improvements in the work area, the system of work, the objects being handled and the equipment to do the task?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you considered if mechanical aids could control the risk?	<input type="checkbox"/>	<input type="checkbox"/>	
When you introduce a new solution, do you ensure it does not create another risk?	<input type="checkbox"/>	<input type="checkbox"/>	

Electricity	Yes	No	Comment
Do you have any faulty or damaged electrical plugs, sockets or switches or electrical leads?	<input type="checkbox"/>	<input type="checkbox"/>	
Are electrical leads and power boards checked and tagged as safe?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the location of powerlines and cables checked before digging, drilling, using cranes or other similar work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are non-conductive portable ladders used near electrical equipment or powerlines?	<input type="checkbox"/>	<input type="checkbox"/>	

Chemicals	Yes	No	Comment
Is there an up-to-date list of all hazardous substances stored and used? For example, cleaning products, paints, solvents, degreasers, petrol, inks, toner, oils, plastics, acids, alkalis and pesticides.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have information about these hazardous substances? For example, a material safety data sheet.	<input type="checkbox"/>	<input type="checkbox"/>	
Are MSDS and SDS readily available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all hazardous substances, medications and containers clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all employees received training and instruction on the safe use, handling, transport and storage of all hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there good airflow and removal of fumes from areas where chemicals are used? For example, the exhaust canopy used.	<input type="checkbox"/>	<input type="checkbox"/>	
Are hazardous substances stored in accordance with the MSDS and SDS?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas cylinders kept upright, away from heat and ignition sources, and only transported in vehicle cabins with a vented compartment?	<input type="checkbox"/>	<input type="checkbox"/>	
Are empty gas cylinders stored upright in an area clearly marked 'empty cylinders'?	<input type="checkbox"/>	<input type="checkbox"/>	

Are hazardous substances disposed in accordance with the MSDS and SDS?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure there is no risk of infection from animals, humans (blood and body fluid), waste or rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	
Do booths used for inside spray painting meet AS 4114:1 (Spray painting booths, designated spray painting areas and paint mixing rooms)?	<input type="checkbox"/>	<input type="checkbox"/>	
All spraying of herbicides and pesticides is only undertaken by trained people?	<input type="checkbox"/>	<input type="checkbox"/>	
Are warning signs displayed near outdoor spraying work?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the correct personal protective equipment (PPE) used for spraying? For example, gloves, footwear, coveralls, respirators and masks.	<input type="checkbox"/>	<input type="checkbox"/>	

Welding and cutting	Yes	No	Comment
Are welding and cutting tasks only done by trained people? Is the correct PPE provided, maintained and worn by employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the risk of fire and explosion controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are welding and cutting equipment, cables, and compressed gas cylinders checked for defects, rust and leakage?	<input type="checkbox"/>	<input type="checkbox"/>	

Confined spaces	Yes	No	Comment
Have all confined spaces been identified? Note: A confined space is a limited or restricted means of entry and exit, and may contain harmful atmospheres or stored substances that pose a risk to employees working in them.	<input type="checkbox"/>	<input type="checkbox"/>	
Are there permits for entering or working in a confined space?	<input type="checkbox"/>	<input type="checkbox"/>	
Are only trained people with a confined space entry permit able to enter a confined space?	<input type="checkbox"/>	<input type="checkbox"/>	

Work at heights	Yes	No	Comment
Have all tasks to be done at height been identified? For example example, access to areas for repair, maintenance, cleaning or inspection, operation and maintenance of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
Has fall prevention been put in place ? For example, guardrails, scaffolds or other temporary work platforms or harness systems.	<input type="checkbox"/>	<input type="checkbox"/>	
Are stock, materials and displays stored or stacked at an easily reachable height or are ladders or steps required?	<input type="checkbox"/>	<input type="checkbox"/>	

Work at heights cont.	Yes	No	Comment
Do you ensure unstable or inappropriate objects are not used? For example: <ul style="list-style-type: none"> • a chair used as a ladder • a straight ladder used on smooth surfaces • a straight ladder used to get stock from racking. 	<input type="checkbox"/>	<input type="checkbox"/>	
Are ladders or steps used incorrectly? For example: <ul style="list-style-type: none"> • reaching too far to either side • standing on the top rung of a ladder • used on uneven floor surfaces • rung ladder used without being secured, or at too shallow or too steep an angle. 	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency procedures and first aid	Yes	No	Comment
Are there procedures to cover emergencies such as fire, explosion, chemical spill, flood, medical emergency, machinery accidents, motor vehicle accidents and robbery?	<input type="checkbox"/>	<input type="checkbox"/>	
Have those in charge of emergency situations, such as floor wardens, fire wardens and first aid officers been trained?	<input type="checkbox"/>	<input type="checkbox"/>	
Are exit and assembly points accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
Are evacuation plans and staff in charge of emergency situations on display in a prominent area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do exit doors open easily from inside, including cold storeroom doors?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you hold regular emergency drills?	<input type="checkbox"/>	<input type="checkbox"/>	
Is all emergency equipment in place and working? For example, smoke or heat detectors, sprinkler systems, fire extinguishers, duress and other alarms and emergency lighting.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand the requirement to notify WorkSafe immediately after becoming aware of a serious injury or incident?	<input type="checkbox"/>	<input type="checkbox"/>	
Are first aid officers appropriately trained? For example, do they hold a Level 2 certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
Are these qualifications maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
Do your employees know who and where your first aid officers are?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you keep records of first aid provided?	<input type="checkbox"/>	<input type="checkbox"/>	

Incident reporting	Yes	No	Comment
Do you keep a register of employee injuries that includes: <ul style="list-style-type: none"> • name • age • address • time and date of injury • cause of injury • witnesses to the injury • date you were notified of the injury • name of person completing the register 	<input type="checkbox"/>	<input type="checkbox"/>	
Following an incident, do you review and revise your risk control measures?	<input type="checkbox"/>	<input type="checkbox"/>	

Return to work	Yes	No	Comment
Do you know when to appoint a return to work (RTW) coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	
Are claims for workers' compensation lodged with your agent within the required timeframe of receiving them?	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If you own or manage a small business and have an injured worker who makes a WorkSafe claim, you may be able to get help in the return to work process.