This checklist must be completed by the worker upon arrival at client premises, in consultation with the client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAFETY ITEM** | **YES/NO** | **COMMENTS / ACTIONS** | | |
| **GENERAL SAFETY** | | | | |
| **Site Contact for Emergencies:** | **Name:** | | | **No:** |
| Building security / access understood | 🞏 Yes 🞏 No |  | | |
| Room temperature is suitable | 🞏 Yes 🞏 No |  | | |
| Lighting is satisfactory | 🞏 Yes 🞏 No |  | | |
| Walkways and floors are clear and non-slippery | 🞏 Yes 🞏 No |  | | |
| Electrical leads/cables not across walkways | 🞏 Yes 🞏 No |  | | |
| Stairs are safe with handrails | 🞏 Yes 🞏 No |  | | |
| There is wheelchair access | 🞏 Yes 🞏 No |  | | |
| Toilets for men/women | 🞏 Yes 🞏 No |  | | |
| Hand washing facilities | 🞏 Yes 🞏 No |  | | |
| No broken or unstable chairs | 🞏 Yes 🞏 No |  | | |
| PowerPoints appear safe | 🞏 Yes 🞏 No |  | | |
| Noise levels are suitable | 🞏 Yes 🞏 No |  | | |
| Rubbish bin available | 🞏 Yes 🞏 No |  | | |
| **EVACUATION PROCEDURES** | | | | |
| What are the signals or instructions that trigger an evacuation? |  | | | |
| What is the procedure to follow to evacuate? |  | | | |
| Location of evacuation assembly point known | 🞏 Yes 🞏 No |  | | |
| Fire Exits are accessible | 🞏 Yes 🞏 No |  | | |
| Fire extinguisher nearby | 🞏 Yes 🞏 No |  | | |
| First aid kit available | 🞏 Yes 🞏 No |  | | |
| **PERSONAL & CLIENT SAFETY** | | | | |
| Is there onsite assistance in the event of occupational violence? | **Name:** | | **No:** | |
| Carpark area is well lit / close by / hazard free | 🞏 Yes 🞏 No |  | | |
| Pedestrian areas clearly visible | 🞏 Yes 🞏 No |  | | |
| Disabled parking is available for clients | 🞏 Yes 🞏 No |  | | |
| There is a ‘safe’ area for workers if needed | 🞏 Yes 🞏 No |  | | |
| Cash/Personal Property is stored in safe location | 🞏 Yes 🞏 No |  | | |
| Other: |  | | | |

In signing this Checklist, you declare that you feel safe to perform your duties and/or that any concerns have been addressed to your reasonable satisfaction.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**