

**Work Health and safety (WHS)**

**Venue / Event Site Inspection Checklist**

s355 WHS Form 001

**To be completed prior to using a venue or holding an event**

| **AREA OF INSPECTION** | **SATISFACTORY** | **ACTION REQUIRED****IMMEDIATELY** | **ACTION REQUIRED****TO BE SCHEDULED** |
| --- | --- | --- | --- |
| **FIRE REQUIREMENTS** |
| Extinguishers are in place clearly marked for type of fire and recently serviced. |  |  |  |
| Annual Fire Safety Statement is displayed on site. *(if required)* |  |  |  |
| Adequate directional notices are displayed for emergency exits. |  |  |  |
| Exit doors are easily opened from inside. |  |  |  |
| Evacuation plan is available and displayed. |  |  |  |
| Regular fire drills are carried out. |  |  |  |
| Training sessions are held. |  |  |  |
| **ELECTRICAL** |
| No broken plugs, sockets or switches. |  |  |  |
| No frayed or damaged leads. |  |  |  |
| Portable power tools in good condition. |  |  |  |
| No temporary leads on floor. |  |  |  |
| Emergency shutdown procedures in place. |  |  |  |
| Electrical tools and appliances are tagged, and the tag is within date. |  |  |  |
| **GENERAL LIGHTING** |
| Adequate natural lighting. |  |  |  |
| Light fittings are clean and in good condition. |  |  |  |
| Emergency lighting is operable and checked regularly. |  |  |  |
| **CHEMICALS** |
| Safety Data Sheets for all chemicals are on site. |  |  |  |
| Containers are clearly labelled. |  |  |  |
| Do special storage conditions apply? |  |  |  |
| **FIRST AID** |
| Cabinets and contents are clean, orderly and adequately stocked. |  |  |  |
| Easy access to cabinets. |  |  |  |
| Members are aware of the location of the first aid cabinet. |  |  |  |
| Cabinet is clearly labelled. |  |  |  |
| **FLOORS** |
| Clean surfaces, no cracks or holes. |  |  |  |
| There are no loose boards. |  |  |  |
| Grills are cleaned regularly. |  |  |  |
| Oil and grease are removed. |  |  |  |
| Entry across walkways is kept clear. |  |  |  |
| No electrical leads are across walkways. |  |  |  |
| Walkways are adequately lit and clearly marked. |  |  |  |
| Unobstructed vision at intersections stairs / risers. |  |  |  |
| **PERSONNEL** |
| Protective equipment is in use. |  |  |  |
| Hazardous conditions are considered, e.g., working alone, near traffic, near open flames, using electricity. |  |  |  |
| All personnel on site have received site induction. |  |  |  |
| **CONTROL OF SITE** |
| Control of traffic and pedestrians (if required).  |  |  |  |
| Perimeter/boundary fences or barriers are adequate. |  |  |  |
| **ELECTRICAL POWER TOOLS *(If applicable to the venue and/or event)*** |
| Awareness of electrical hazards. |  |  |  |
| Compulsory tagging of power tools is carried out and up to date. |  |  |  |
| Regular maintenance of power tools is carried out. |  |  |  |
| On site checking of tools prior to using. |  |  |  |
| Requirement of earth leakage circuit breaker is installed and utilised. |  |  |  |
| **SMALL PLANT *(if applicable to the venue and/or event)***  |
| Observation of warning tags. |  |  |  |
| Training sessions are carried out on proper use. |  |  |  |
| Observing possible danger to passers-by, children, and onlookers. |  |  |  |
| Clear working area is created. |  |  |  |
| Erection of required signs. |  |  |  |
| Checking/securing the required guards. |  |  |  |
| Preserve safety of others. |  |  |  |
| Protective clothing / gear is worn. |  |  |  |
| **TRUCKS or LARGE ITEMS of PLANT *(if applicable to the venue / event)*** |
| Operator has current licence to drive truck or plant. |  |  |  |
| Operator has received an induction and is deemed competent with the item. |  |  |  |
| Safety of load is adhered to. |  |  |  |
| Safe operating manner is adhered to. |  |  |  |
| Check and maintain truck/plant in good working order. |  |  |  |

**INSPECTED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NAME) (SIGNATURE)

**DATE:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_



**Work Health and safety (WHS)**

**Venue / Event Site Inspection Summary**

(S355 WHS Form 002)

**To be completed following the venue / event site inspection above**

|  |  |
| --- | --- |
| **Location of Venue / Event** |  |
|  |  |
| **Name of Event**  |  |
| **Date of Event**  |  |
| **Contact Person** **Responsible for Venue** *(i.e., Committee, Council)* |  |
| **Telephone** | **H** | **W** | **M** |
| **Contact Person for Event**  |  |
| **Telephone** | **H** | **W** | **M** |
| **Date of Inspection**  |  |

|  |
| --- |
| **AREAS OF VENUE REQUIRING FURTHER ATTENTION** |

* **FIRE REQUIREMENTS**
* **ELECTRICAL**
* **GENERAL LIGHTING**
* **CHEMICALS**
* **FIRST AID**
* **FLOORS**
* **PERSONNEL**
* **CONTROL OF SITE**
* **ELECTRICAL POWER TOOLS *(If applicable to the venue and/or event)***
* **SMALL PLANT *(if applicable to the venue and/or event)***
* **TRUCKS or LARGE ITEMS of PLANT *(if applicable to the venue / event)***