**AFEI Member Template: Planned Inspection (Factory)**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Planned Inspection (Factory)

|  |  |
| --- | --- |
| Department/Area: |  |

|  |  |
| --- | --- |
| Inspected by: |  |

|  |  |
| --- | --- |
| Date: |  |

| **Housekeeping: General** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Walkways clear? |  |  |  |  |
| Emergency exits clear? |  |  |  |  |
| Storage areas tidy and safety stored/stacked? |  |  |  |  |
| High storage safely secured? |  |  |  |  |
| Hazardous chemicals correctly stored? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Work Practices: Forklifts & Vehicles** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Vehicles being driven in a safe manner? |  |  |  |  |
| Equipment being used correctly? (e.g. man cage). |  |  |  |  |
| Forklifts correctly ventilated while charging? |  |  |  |  |
| Daily forklift pre-start checklist completed? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Work Practices: Mezzanine and High Risk Construction** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Is correct PPE being used (harnesses) |  |  |  |  |
| Are cages locked with signage prohibiting unauthorised access? |  |  |  |  |
| Are SOPs being followed? |  |  |  |  |
| Are SWMS being followed |  |  |  |  |
| **Note**: Review SWMS before inspection and note key activity observed during planned inspection in additional comments below if applicable: | | | | |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Machinery** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Moving parts adequately guarded? |  |  |  |  |
| Oil or other spills noticeable? |  |  |  |  |
| Emergency stop buttons working and easily accessible? |  |  |  |  |
| Is all overhead equipment in a safe working condition? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Electrical/Hydraulic** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| All leads test tagged? |  |  |  |  |
| Any damaged or frayed leads/plugs? |  |  |  |  |
| Are all leads secured safely? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Emergency Equipment** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Are Fire Extinguished test-tagged (within 6 months)? |  |  |  |  |
| Are Fire extinguishers/hose reels easily accessible? |  |  |  |  |
| Is First Aid Kit accessible? |  |  |  |  |
| Is First Aid Kit correctly stocked (in date)? |  |  |  |  |
| Are Emergency exits clearly marked? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Personal Protective Equipment (PPE)** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Hearing protection used when required? |  |  |  |  |
| Eye protection used when required? |  |  |  |  |
| Gloves being used when required? |  |  |  |  |
| Are workers wearing steel-cap/hardened toe shoes in the warehouse area? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Hazardous Substances** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Are all “Dangerous Goods” (DG) correctly stored? |  |  |  |  |
| Are all chemicals / corrosives / poisons clearly Labelled? |  |  |  |  |
| Can these labels be read and understood by you and the people using the chemicals? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |

| **Environment** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | Yes | No | N/A | Comments/Notes |
| Is work area(s) clean to minimise contamination of drains? |  |  |  |  |
| Are all contaminants contained to prevent entry to drains? |  |  |  |  |
| Is there evidence of recent spills (was it reported)? |  |  |  |  |
| Is all waste material stored in designated containers? |  |  |  |  |
| Additional Comments: | | | | |
|  | | | | |
|  | | | | |