**AFEI Member Template: Planned WHS Inspection (Home Office)**

**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 WHS Inspection (Home Office)

| **Housekeeping and General in the work area** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Are floors clear from obstructions? |  |  |  |  |
| Are items stored to avoid awkward manual handling? |  |  |  |  |
| Are floors (particularly toilets and kitchen) clean and dry? |  |  |  |  |
| Is there sufficient space for work tasks? |  |  |  |  |

| **Electrical Equipment** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Are electrical leads positioned to avoid trip hazards? |  |  |  |  |
| Are electrical leads and plugs in good condition? |  |  |  |  |
| Is paper stored away from electrical items/sources? |  |  |  |  |

| **Emergency and First Aid** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Are First Aid Facilities available? |  |  |  |  |
| Is there clear egress in the event of an emergency? |  |  |  |  |
| Is there an emergency plan / route / safe area identified? |  |  |  |  |
| Are adequate communication facilities established (e.g. a land-line telephone)? |  |  |  |  |
| Is there a fire extinguisher available on the premises? |  |  |  |  |

| **Ergonomics and the Work Environment** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Is the desk surface just below elbow height (the hands placed at home key level should be at elbow height)? |  |  |  |  |
| Is there sufficient space on work-tops so that the work area will be uncluttered? |  |  |  |  |
| Is lighting adequate for working environment? |  |  |  |  |
| Are computer monitors positioned to minimise glare? |  |  |  |  |
| Is ventilation adequate? |  |  |  |  |
| Is temperature adequate? |  |  |  |  |
| I understand I can request to have an ergonomic assessment conducted if required. |  |  |  |  |

**Declaration by person completing form:**

I declare I have completed this checklist truthfully and accurately, to the best of my ability:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_