

Audit Details	
Audit:	
Schedule Name:	
Purpose:	This tool must be used to report on the findings of workplace inspections and must be completed for all locations under Monash University management and control at least once a semester. Use the location tool to list any areas inspected, either as; buildings, floors or rooms.
Location:	
Business Unit:	undefined
Audit Start / End Date:	

Answer	Findings/Observations	Evidence Sighted	Recommendation
General findings			
Emergency preparedness			
Was all emergency information such as contact information and emergency diagrams appropriate and up-to-date?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were emergency evacuation routes provided and kept clear?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were fire fighting measures available and properly maintained?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was signage for emergency measures suitable and clearly displayed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Cleanliness			
Were amenities provided adequate and well maintained?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Noise			
Were sources of excessive and/or nuisance noise controlled appropriately?			
<input type="checkbox"/> Yes			

Answer	Findings/Observations	Evidence Sighted	Recommendation
<input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Indoor working environment (e.g. internal rooms, floor surfaces, stairwells).			
Was supplied lighting equipment appropriate for tasks conducted in all areas?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was ventilation, temperature and humidity comfortable?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were trip, slip and fall hazards appropriately controlled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was there an OHS noticeboard and was the information provided up to date (e.g. safety contacts and issue resolution procedure)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was there sufficient clearance to safely move throughout the facilities?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Outdoor working environment (e.g. carparks, walkways, outdoor stairs)			
Were outdoor areas inspected? (if so, please select 'yes' and list areas in the findings panel; if not, please select 'Not applicable')			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Answer	Findings/Observations	Evidence Sighted	Recommendation
<input type="checkbox"/> Not applicable			
Were trip, slip and fall hazards appropriately controlled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were all access ways safe to use?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Fire and smoke (e.g. combustible materials and ignition sources)			
Were combustible materials such as boxes, paper & timber appropriately stored?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were sources of ignition such as flames and electrical equipment suitably protected?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Materials and substances (e.g. building materials, non-hazardous chemicals, food, garbage)			
Was the risk of manual handling-related injury from accessing and moving stored materials minimised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was all waste (e.g. paper, building materials, offcuts, etc) from processes disposed of appropriately?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

Answer	Findings/Observations	Evidence Sighted	Recommendation
Were items stored at height secured to prevent a risk of falling?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Restricted access areas (e.g. laboratories, service cabinets, workshops)			
Were there any restricted access areas such as laboratories, service cabinets or manholes? (If not please select 'Not applicable')			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was access to all restricted access areas secure and appropriately signed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Radiation use (e.g. non-ionising and ionising radiation)			
Were all radiation sources suitably controlled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Laser use			
Were laser hazards safe and equipment and controls maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Transport and mobile plant (e.g. motor vehicles, forklifts, walky stackers, trolleys and wheelbarrows)			
Were adequate measures in place to ensure forklifts can be operated in a safe manner?			
<input type="checkbox"/> Yes			

Answer	Findings/Observations	Evidence Sighted	Recommendation
<input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were adequate measures in place to ensure all other mobile plant items can be operated safely?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Fixed plant (e.g. cool rooms, fume cupboards, safety showers, boilers, lathes, lifts, gas mains, PET scanners)			
Were items of fixed plant inspected? (If not present, select 'Not applicable')			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were cool rooms (and fridges and freezers) maintained in good condition?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were fume cupboards and biosafety cabinets in good working condition?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were reticulated gas systems (especially those carrying dangerous gases) safe?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were eStops in place where suitable?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

Answer	Findings/Observations	Evidence Sighted	Recommendation
Were records of servicing dates clearly displayed where suitable?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was appropriate signage and personal protective equipment (PPE) available for all items of fixed plant?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were safety showers and eye wash stations checked regularly?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were all other items of fixed plant safe and maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Powered equipment, tools and appliances (e.g. computers, workshop equipment, kitchen equipment, gas cylinders)			
Was computer equipment suitable and set up ergonomically?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was equipment associated with mains-power (e.g cabling or power-boards) safe, tested and tagged, and, maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were there sufficient general purpose outlets (GPOs) that were safe and maintained in good working order?			

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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were gas cylinders appropriately secured and safe to use?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were all other powered equipment, tools and appliances safe and maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Where appropriate, personal protective equipment (PPE) was available for the powered equipment, tools and appliances in use?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Non-powered handtools and equipment (e.g. furniture and fittings, ladders, handtools, packing equipment, glassware)			
Were all portable ladders, including stepladders, extension ladders, trestle ladders, correctly stored, safe, and, in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were chairs and tables appropriate for tasks, safe, and, maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was all other hand tools and equipment appropriate, safe, and, maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Answer	Findings/Observations	Evidence Sighted	Recommendation
<input type="checkbox"/> Not applicable			
Where appropriate, personal protective equipment (PPE) was available for non-powered handtools and equipment?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Chemical management (e.g. dangerous goods, hazardous substances, poisons and drugs, radioactive chemicals)			
Were chemicals that are classed as either dangerous goods or hazardous substances identified during the inspection? (If not present please select 'Not applicable')			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was appropriate signage and personal protective equipment (PPE) available where chemicals were in use?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was a register of chemicals available and in use?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were Safety Data Sheets (SDSs) accessible and suitable?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were chemicals that were 'in use' appropriately labelled and protected from accidents (e.g. spills or mechanical damage)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

Answer	Findings/Observations	Evidence Sighted	Recommendation
Were hazards associated with potential chemical spills minimised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were cryogenic liquids safely stored and equipment and controls maintained in good working order?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were chemicals that were not 'in use' appropriately labelled and stored?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was chemical waste appropriately stored and labelled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were chemicals able to be safely transported?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Biological management (e.g. animals, non-living animal materials, microscopic biologicals)			
Were biological hazards identified during the inspection? (If no, select 'Not applicable')			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was appropriate signage and personal protective equipment (PPE) available where biologicals were in use?			

Answer	Findings/Observations	Evidence Sighted	Recommendation
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was an appropriate means of disinfection available at all points of exit?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was the workplace maintained in a clean and hygienic fashion?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were biological materials labelled, contained, and/or stored appropriately?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Was biological waste appropriately stored and labelled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were biologicals that were 'in use' protected from accidents such as spills and/or unintentional releases?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were hazards associated with biological spills minimised?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

Answer	Findings/Observations	Evidence Sighted	Recommendation
Was equipment provided for safe transport of biologicals where applicable?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Were adequate controls in place for animals housed in the work area?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Completion			
Were all areas inspected during the audit? (based on the location/s selected at the start of the inspection).			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Did this workplace inspection tool meet your needs? (please select 'no' if you wish to provide any feedback and list person responsible as Mr David Hurst, OHS Consultant)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			