[Insert organisation name/logo]

# WHS ENVIRONMENTAL AUDIT

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| **1. AUDIT DETAILS** | | | | |
| **Organisation address** |  | | | |
| **Date** |  | | **Time** |  |
| **Audit completed by** | **Person 1:** |  | | |
| **Person 2:** |  | | |

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| **2. ENVIRONMENT AUDIT CHECKLIST** | | |  |
| **Consultation** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Have workers and the HSR been consulted on decisions regarding WHS?  List consultation events. | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** |  |  |  |
| **External environment** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Building and office entrance and exits are clearly marked | **□ Yes □ No** |  |  |
| Emergency exits defined, clear and well lit | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Security** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Adequate locks on all external doors and windows and in working order | **□ Yes □ No** |  |  |
| Keys are registered and record kept of who is holding them | **□ Yes □ No** |  |  |
| Office alarm system in working order | **□ Yes □ No** |  |  |
| Emergency procedures displayed throughout office and car park | **□ Yes □ No** |  |  |
| Minimum amount of petty cash kept in secure place | **□ Yes □ No** |  |  |
| Secure cupboards/drawers for staff to keep personal possessions | **□ Yes □ No** |  |  |
| Emergency telephone numbers displayed at every telephone station | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Floors, aisles, exits and stairs** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Entrance / steps in good order | **□ Yes □ No** |  |  |
| Floor coverings in good repair | **□ Yes □ No** |  |  |
| Floors clean, even, uncracked, no holes, not slippery | **□ Yes □ No** |  |  |
| Signs available to indicate wet floors | **□ Yes □ No** |  |  |
| Entrances, doorways, stairs and walkways clear of objects and rubbish | **□ Yes □ No** |  |  |
| Cords/cables secured and clear of walkways | **□ Yes □ No** |  |  |
| Adequate lighting in stairwell | **□ Yes □ No** |  |  |
| Good visual contrast between steps | **□ Yes □ No** |  |  |
| Slip resistant strips on edge of steps | **□ Yes □ No** |  |  |
| Handrails resent and at correct height | **□ Yes □ No** |  |  |
| Minimal variations between step height and step depth | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Lighting and indoor climate** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Light adjustments from sunlight to indoors – tinting, blinds | **□ Yes □ No** |  |  |
| Adequate lighting in the office | **□ Yes □ No** |  |  |
| Accessible light switches | **□ Yes □ No** |  |  |
| Overhead lights shielded to minimise glare | **□ Yes □ No** |  |  |
| Temperature appropriate for workplace | **□ Yes □ No** |  |  |
| Air conditioning filters cleaned regularly (if required) | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Bathroom facilities** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Adequate toilets for male, female and people with disability | **□ Yes □ No** |  |  |
| Toilets have lockable doors, adequate lighting and ventilation. | **□ Yes □ No** |  |  |
| Hand wash and single use hand towels or dryer provided | **□ Yes □ No** |  |  |
| Sanitary bins provided | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Kitchen and dining facilities** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Suitable eating / tea break facilities | **□ Yes □ No** |  |  |
| Suitable and clean storage for food – cupboards and refrigerator | **□ Yes □ No** |  |  |
| Drinking water is clean, cool and hygienically provided | **□ Yes □ No** |  |  |
| Benches undamaged and clean | **□ Yes □ No** |  |  |
| Electrical equipment in good repair | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Managing facilities/housekeeping** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Work areas kept clean and tidy | **□ Yes □ No** |  |  |
| Materials and equipment stored safely | **□ Yes □ No** |  |  |
| Facilities cleaned regularly | **□ Yes □ No** |  |  |
| Consumables items such as soap and toilet paper are replaced regularly | **□ Yes □ No** |  |  |
| Equipment for cleaning supplied – gloves, cleaning products, cloths, etc. | **□ Yes □ No** |  |  |
| Broken or damaged infrastructure, such as plumbing, air conditioning or lighting, repaired promptly | **□ Yes □ No** |  |  |
| Procedures in place to ensure accidental spills / leakages are immediately cleaned up | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Hazardous substances** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Data sheets displayed for hazardous substances | **□ Yes □ No** |  |  |
| Equipment available to deal with spills or splash injuries – gloves, mop, eyewash, etc. | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Storage** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Equipment stored on racks, cabinets or shelves | **□ Yes □ No** |  |  |
| Storage minimises manual handling | **□ Yes □ No** |  |  |
| Files stored securely and appropriately | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **First Aid** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| First aid kit complete – refer to first aid kit contents checklist | **□ Yes □ No** |  |  |
| First aid kit clearly labelled and accessible to all staff | **□ Yes □ No** |  |  |
| First aid officer/s identified and information displayed | **□ Yes □ No** |  |  |
| Current first aid certificate held by first aid officer/s | **□ Yes □ No** |  |  |
| Register of injuries kept | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Work stations and office furniture** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| No broken items or sharp edges | **□ Yes □ No** |  |  |
| Safe entry to, and exit from, workstations | **□ Yes □ No** |  |  |
| Filing cabinets / cupboards stable or secured to wall to prevent tipping | **□ Yes □ No** |  |  |
| Chairs height and back rest adjustable | **□ Yes □ No** |  |  |
| Ergonomic workstations – refer to ergonomic workstation checklist | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Electricity and electrical equipment** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Switchboard and electrical equipment in safe condition | **□ Yes □ No** |  |  |
| Plugs, sockets and switches located in a safe place and free from obvious defects (loose covers or wires, broken fittings, signs of overheating) | **□ Yes □ No** |  |  |
| Electrical leads not frayed or otherwise defected | **□ Yes □ No** |  |  |
| Adequate number of power points for appliances in use | **□ Yes □ No** |  |  |
| Minimal use of power boards and extension leads, and in safe working condition | **□ Yes □ No** |  |  |
| Earth leakage protection installed on all power boards and office outlets | **□ Yes □ No** |  |  |
| Main and isolating switches clearly labelled and accessible | **□ Yes □ No** |  |  |
| Electrical installations and equipment regularly inspected, checked and maintained | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |
| **Fire exits and procedures** | | | |
| **Item** | **Yes/No** | **Notes** | **Action item no.** |
| Smoke detectors / alarms in working order | **□ Yes □ No** |  |  |
| Accessible, signed and uncluttered fire exits | **□ Yes □ No** |  |  |
| Fire exits unlocked during working hours | **□ Yes □ No** |  |  |
| Appropriate types of fire extinguishers located close to risk | **□ Yes □ No** |  |  |
| Extinguishers regularly serviced and date noted | **□ Yes □ No** |  |  |
| Fire blanket located in kitchen area | **□ Yes □ No** |  |  |
| Regular fire drills with staff attendance documented | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | **□ Yes □ No** |  |  |

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| **3. FIRST AID KIT CONTENTS CHECKLIST** | | |
| **Item** | **Quantity** | **Check** |
| **[Insert items of you organisation’s first aid kit]** | **[Insert quantity required]** | **[check during WHS environmental audit]** |
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**🖌Note\***

Some agencies undertake assessments to determine the first aid requirements for the organisation’s first aid kit and the number of first aiders required. For more information about First Aid in the Workplace refer to the [‘Model Code of Practice: First Aid in the Workplace’](https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace) from [Safe Work Australia](https://www.safeworkaustralia.gov.au).

The document also provides best practice information and an example of items and quantities required for a standard workplace first aid kit.

\*Please delete note before finalising this document.

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| **4. ERGONOMIC WORKSTATION CHECKLIST** | | | |  |
| **Staff member’s workstation being audited** | **[insert staff member name]** | | | |
| **Equipment set-up** | | | | |
| **Item** | | **Yes/No** | **Notes** | **Action item no.** |
| Furniture has no broken components or sharp edges | | **□ Yes □ No** |  |  |
| Filing cabinets / cupboards stable or secured to wall to prevent tipping | | **□ Yes □ No** |  |  |
| Walkway and work area clear of equipment / furniture to prevent tripping | | **□ Yes □ No** |  |  |
| Cords/cables secured and clear of walkway and work area | | **□ Yes □ No** |  |  |
| Computer and components in working order | | **□ Yes □ No** |  |  |
| Chair height and back rest adjustable and fitted to suit the staff member | | **□ Yes □ No** |  |  |
| Desk is suitable height, width and depth for computer, writing and reading work | | **□ Yes □ No** |  |  |
| Phone connection near to workstation to minimise phone cable extension | | **□ Yes □ No** |  |  |
| Desktop computer monitor at correct height - top of screen at sitting eye height - and distance - arm’s length away | | **□ Yes □ No** |  |  |
| Desktop computer monitor positioned to reduce glare | | **□ Yes □ No** |  |  |
| Keyboard positioned correctly – elbows close to body, directly under relaxed shoulders at 90º, centre of the keyboard letter section in line with centre of monitor, stands down | | **□ Yes □ No** |  |  |
| Mouse positioned correctly – same level as keyboard, elbow under shoulder, mouse under palm, wrist straight and flat | | **□ Yes □ No** |  |  |
| Telephone and frequently used items within reach on desk | | **□ Yes □ No** |  |  |
| Emergency procedures and telephone numbers located close to telephone | | **□ Yes □ No** |  |  |
| Lighting, temperature and noise is conducive to comfort and productivity | | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | | **□ Yes □ No** |  |  |
| **Workstation habits and posture** | | | | |
| **Item** | | **Yes/No** | **Notes** | **Action item no.** |
| Feet are flat on the floor when doing computer work | | **□ Yes □ No** |  |  |
| Typing and mouse activities are interspersed with other tasks | | **□ Yes □ No** |  |  |
| Pause and stretch exercises are known and understood | | **□ Yes □ No** |  |  |
| Sitting and/or standing pause and stretch exercises conducted for every hour (at a minimum) of computer work | | **□ Yes □ No** |  |  |
| Chin is tucked in towards the chest and aligned with spine when doing computer work | | **□ Yes □ No** |  |  |
| Mouse grip is relaxed | | **□ Yes □ No** |  |  |
| Monitor is low enough to prevent raising chin - particularly bi/tri/multi focal wearers | | **□ Yes □ No** |  |  |
| Other WHS issues identified | | **□ Yes □ No** |  |  |
| **[insert other item relevant to your organisation]** | | **□ Yes □ No** |  |  |

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| **5. WHS RISK RATING** |

**Step 1: Identify WHS Risk Rating**

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| **Consequence** | | **+** | **Likelihood** | |  | **=** | **Risk Rating** | | | | |
| *Level* | *Descriptor* |  | *Level* | *Descriptor* |  |  | *Consequence (1-5)* | | | | |
| **1** | Insignificant |  | **A** | Almost certain |  | *Likelihood*  *(A – E)* | **1** | **2** | **3** | **4** | **5** |
| **2** | Minor |  | **B** | Likely |  | **A** | **Med** | **High** | **High** | **Very high** | **Very high** |
| **3** | Moderate |  | **C** | Possible |  | **B** | **Med** | **Med** | **High** | **High** | **Very high** |
| **4** | Major |  | **D** | Unlikely |  | **C** | **Low** | **Med** | **High** | **High** | **Very high** |
| **5** | Severe |  | **E** | Rare |  | **D** | **Low** | **Low** | **Med** | **Med** | **High** |
|  |  |  |  |  |  | **E** | **Low** | **Low** | **Med** | **Med** | **Med** |

**Step 2: Identify Response Rating**

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| **Risk rating** | **Response rating** |
| Very high (VH) | Act immediately |
| High (H) | Act today |
| Medium (M) | Act within 1 week |
| Low (L) | Act within 1 month |

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| **6. WHS AUDIT ACTIONS** | | | |
| ***Action item no.*** | ***Response rating*** | ***Action required*** | ***Responsibility and timeframe*** |
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**🖌Note\***

This WHS environment audit checklist has been informed by several SafeWork NSW publications and Safe Work Australia documents.

\*Please delete note before finalising this document.