

## Sample Local OH&S Checklist

Personnel	Comments
<input type="checkbox"/> Building warden:	
<input type="checkbox"/> Floor/area warden:	
<input type="checkbox"/> 1st aid officer(s):	
<input type="checkbox"/> WHSO:	
<input type="checkbox"/> WHSR:	

Other	Comments
<input type="checkbox"/> Waste Disposal	
<input type="checkbox"/> 1st aid kit	
<input type="checkbox"/> Emergency exits	
<input type="checkbox"/> Isolating electrical switches or gas taps	
<input type="checkbox"/> Fire extinguishers	
<input type="checkbox"/> Manual alarm points	
<input type="checkbox"/> Floor plan	
<input type="checkbox"/> Required PPE	
<input type="checkbox"/> Assembly area	
<input type="checkbox"/> Specific hazards	
<input type="checkbox"/> Enrolment in training courses <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Audiometric testing needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	
<input type="checkbox"/>	

Name: \_\_\_\_\_ Sig: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
 Supervisor: \_\_\_\_\_ Sig: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_