## General Building Safety Review Form

2007, rev.2021

|  |  |
| --- | --- |
| Address of building |  |
| Person inspecting |  | Date of review |  |

**NB**. This form covers only a basic office environment and does not include specialized risks or human risks (fatigue, boredom, etc.) You may need to add more items to cover your particular situation.

|  |  |  |  |
| --- | --- | --- | --- |
| Electrical Power | Yes | No | N/A |
| * Plugs, sockets and switches in good order
 |  |  |  |
| * Free of frayed or defective leads
 |  |  |  |
| * Free of double adapters/piggy back plugs
 |  |  |  |
| * All lights adequate and operational
 |  |  |  |
| * Residual Current Devices installed and maintained
 |  |  |  |
| Equipment |  |  |  |
| * Office chairs suitable and in good condition
 |  |  |  |
| * Ladders serviceable, no broken rungs/defects
 |  |  |  |
| * Metal ladders not used for electrical work
 |  |  |  |
| * Current OHS policies and procedures on notice boards
 |  |  |  |
| * Safety signs clearly displayed where necessary
 |  |  |  |
| * Kitchen appliances properly maintained.
 |  |  |  |
| Fire Protection |  |  |  |
| * Evacuation procedures clearly displayed
 |  |  |  |
| * Fire extinguishers appropriate to material
 |  |  |  |
| * Extinguishers readily available & properly mounted
 |  |  |  |
| * Exits & exit signs adequately illuminated
 |  |  |  |
| * Exits & fire doors in good repair and unobstructed – internally/externally
 |  |  |  |
| First Aid |  |  |  |
| * First aid kits clearly marked and appropriately stocked
 |  |  |  |
| * Names of qualified first aiders displayed
 |  |  |  |
| Car Park/Outdoor Areas |  |  |  |
| * Clean and free from rubbish
 |  |  |  |
| * Even surfaces – no holes
 |  |  |  |
| * Free of grease & oil patches
 |  |  |  |
| * Vehicle traffic ways clearly marked and lit
 |  |  |  |
| * Free of dense shrubbery obstructing vision
 |  |  |  |
| Storage |  |  |  |
| * No storage in traffic areas
 |  |  |  |
| * Stacks stable with good base
 |  |  |  |
| * No rubbish or unwanted material
 |  |  |  |
| * Flammable items correctly stored
 |  |  |  |
| Floors, aisles, stairs & landings |  |  |  |
| * All aisles are clear
 |  |  |  |
| * Free of slip, trip, fall hazards
 |  |  |  |
| * Stairs free of worn or broken treads
 |  |  |  |
| * Handrails in good repair
 |  |  |  |
| * Non-skid strips on stairs in good condition
 |  |  |  |

**WHS risk management**

|  |  |  |  |
| --- | --- | --- | --- |
| Risks identified | Your assessment of the risk[[1]](#footnote-2) | Actions that you took to manage hazards | How you informed people of any hazards |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

End of document

1. Your assessment in terms of probability and potential harm:

	* Low priority: The risk has either low probability or causes negligible harm.
	* High priority: The risk has (1) potentially significant consequences and (2) is either already happening or probably will happen unless someone deliberately intervenes and prevents it. [↑](#footnote-ref-2)