**Occupational Health and Safety Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | **Department/Area:** |  |
| **Supervisor:** |  | **Date of Inspection:** |  |
| **Inspector Name:** |  |  |  |

1. **Workplace Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 1 | Lighting is adequate in all work areas | Proper brightness, no flickering lights | Yes | - |
| 2 | Ventilation is effective | Airflow and air quality maintained | Yes | - |
| 3 | Temperature and humidity are within safe limits | Comfortable working conditions | No | Adjust AC system |
| 4 | Work areas are free from clutter | Clean, organized workspace | Yes | - |

1. **Fire Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 5 | Fire extinguishers are available and accessible | Properly placed and labeled | Yes | - |
| 6 | Fire alarms and detectors are functional | Tested regularly | Yes | - |
| 7 | Emergency exits are clearly marked and unobstructed | Visible signs, no blockage | No | Clear storage boxes |
| 8 | Employees are trained in fire evacuation | Regular drills conducted | Yes | - |

1. **Electrical and Equipment Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 9 | Electrical cables are intact and secured | No exposed wires | Yes | - |
| 10 | Equipment is regularly maintained | Maintenance logs updated | No | Schedule maintenance |
| 11 | Tools and machinery have safety guards | Properly installed | Yes | - |
| 12 | Switches and sockets are labeled | Easy identification | Yes | - |

1. **Emergency Preparedness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 13 | First aid kits are available and stocked | Accessible to employees | Yes | - |
| 14 | Emergency contact numbers are displayed | Up to date | No | Update HR number |
| 15 | Evacuation plan is displayed | Clear and readable | Yes | - |
| 16 | Safety drills conducted regularly | Recorded participation | Yes | - |

1. **Personal Protective Equipment (PPE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 17 | Employees wear required PPE | Helmets, gloves, masks, etc. | Yes | - |
| 18 | PPE is maintained and replaced as needed | Regular inspection | Yes | - |
| 19 | PPE training is provided | Employees instructed on usage | No | Schedule refresher course |
| 20 | PPE storage area is clean and organized | Accessible to all | Yes | - |

1. **General Health and Hygiene**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item / Condition** | **Inspection Criteria** | **Status (Yes/No)** | **Remarks / Action Required** |
| 21 | Restrooms are clean and functional | Sanitized and stocked | Yes | - |
| 22 | Drinking water is clean and accessible | Regular quality check | Yes | - |
| 23 | Waste is disposed of properly | Waste bins emptied regularly | No | Improve schedule |
| 24 | Handwashing stations available | With soap/sanitizer | Yes | - |

**7. Overall Compliance Summary**

| **Category** | **Total Checks** | **Compliant (Yes)** | **Non-Compliant (No)** | **Compliance %** |
| --- | --- | --- | --- | --- |
| Environment | 4 | 3 | 1 |  |
| Fire Safety | 4 | 3 | 1 |  |
| Electrical & Equipment | 4 | 3 | 1 |  |
| Emergency Preparedness | 4 | 3 | 1 |  |
| PPE | 4 | 3 | 1 |  |
| Hygiene | 4 | 3 | 1 |  |
| **Total Compliance** | **24** | **18** | **6** |  |

**Inspector’s Comments:**

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**Inspector Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Acknowledgment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_