

INSPECTION DETAILS			
Site / premises		Date	/...../.....
Address		Time	:.....
Area(s) inspected		Previous inspection	/...../.....
Inspected by (name, role)		Accompanied by	
Type of inspection	☐ Routine ☐ Follow-up ☐ Safety representative ☐ Construction site		

For each check, tick one status. Describe every "Action required" item in the corrective action plan (page 4).

1. HOUSEKEEPING, ACCESS AND TRAFFIC ROUTES		
Check	Status	Comments / photo ref.
Floors, walkways and stairs clean, dry and unobstructed	☐ Satisfactory ☐ Action required ☐ N/A	
Slip and trip hazards (cables, spills, floors) dealt with	☐ Satisfactory ☐ Action required ☐ N/A	
Lighting adequate in work areas, stairs and outside areas	☐ Satisfactory ☐ Action required ☐ N/A	
Materials stored safely; racking stable, not overloaded	☐ Satisfactory ☐ Action required ☐ N/A	
Pedestrian and vehicle routes separated and marked	☐ Satisfactory ☐ Action required ☐ N/A	
Safety signs in place and legible	☐ Satisfactory ☐ Action required ☐ N/A	
Handrails on stairs secure and in good condition	☐ Satisfactory ☐ Action required ☐ N/A	
Waste removed regularly; bins of adequate size	☐ Satisfactory ☐ Action required ☐ N/A	

2. FIRE SAFETY AND EMERGENCY ARRANGEMENTS		
Check	Status	Comments / photo ref.
Fire exits and escape routes clear, signed and unlocked	☐ Satisfactory ☐ Action required ☐ N/A	
Fire doors close fully and are not wedged open	☐ Satisfactory ☐ Action required ☐ N/A	
Fire extinguishers in place, accessible and in date	☐ Satisfactory ☐ Action required ☐ N/A	
Fire alarm tested weekly and test recorded	☐ Satisfactory ☐ Action required ☐ N/A	
Emergency lighting working	☐ Satisfactory ☐ Action required ☐ N/A	
Evacuation plan displayed; assembly point signed	☐ Satisfactory ☐ Action required ☐ N/A	
Fire action notices displayed at call points	☐ Satisfactory ☐ Action required ☐ N/A	
Fire risk assessment up to date	☐ Satisfactory ☐ Action required ☐ N/A	

3. FIRST AID, WELFARE AND WORKING ENVIRONMENT		
Check	Status	Comments / photo ref.
First aid kit available, stocked and in date	☐ Satisfactory ☐ Action required ☐ N/A	
First aider or appointed person named and displayed	☐ Satisfactory ☐ Action required ☐ N/A	
Accident book available and in use	☐ Satisfactory ☐ Action required ☐ N/A	
Toilets and washbasins clean, with hot water and soap	☐ Satisfactory ☐ Action required ☐ N/A	
Drinking water available	☐ Satisfactory ☐ Action required ☐ N/A	
Temperature and ventilation reasonable	☐ Satisfactory ☐ Action required ☐ N/A	
Rest area available and clean	☐ Satisfactory ☐ Action required ☐ N/A	

4. WORK EQUIPMENT AND ELECTRICAL SAFETY		
Check	Status	Comments / photo ref.
Machine guards and safety devices fitted and working	☐ Satisfactory ☐ Action required ☐ N/A	
Emergency stops accessible and tested	☐ Satisfactory ☐ Action required ☐ N/A	
Cables, plugs and sockets undamaged, not overloaded	☐ Satisfactory ☐ Action required ☐ N/A	
Portable electrical equipment tested (PAT) and labelled	☐ Satisfactory ☐ Action required ☐ N/A	
Ladders and stepladders in good condition and checked	☐ Satisfactory ☐ Action required ☐ N/A	
LOLER / PUWER inspection records available	☐ Satisfactory ☐ Action required ☐ N/A	
Distribution boards accessible and closed	☐ Satisfactory ☐ Action required ☐ N/A	

5. HAZARDOUS SUBSTANCES AND PPE		
Check	Status	Comments / photo ref.
COSHH assessments available for substances in use	☐ Satisfactory ☐ Action required ☐ N/A	
Safety data sheets accessible to workers	☐ Satisfactory ☐ Action required ☐ N/A	
Substances stored, labelled and segregated correctly	☐ Satisfactory ☐ Action required ☐ N/A	
Spill kit available and stocked	☐ Satisfactory ☐ Action required ☐ N/A	
Required PPE available in the right sizes	☐ Satisfactory ☐ Action required ☐ N/A	
PPE worn where required	☐ Satisfactory ☐ Action required ☐ N/A	
PPE clean, in good condition and stored properly	☐ Satisfactory ☐ Action required ☐ N/A	

6. SAFE SYSTEMS OF WORK AND DOCUMENTATION		
Check	Status	Comments / photo ref.
Risk assessments up to date and shared with workers	☐ Satisfactory ☐ Action required ☐ N/A	
Method statements or permits to work for high-risk tasks	☐ Satisfactory ☐ Action required ☐ N/A	
Training and toolbox talk records up to date	☐ Satisfactory ☐ Action required ☐ N/A	
Health and Safety Law poster displayed or leaflet issued	☐ Satisfactory ☐ Action required ☐ N/A	
Employers' liability insurance certificate available	☐ Satisfactory ☐ Action required ☐ N/A	
Contractors briefed on site rules and supervised	☐ Satisfactory ☐ Action required ☐ N/A	
Previous corrective actions closed out	☐ Satisfactory ☐ Action required ☐ N/A	

7. ADDITIONAL CHECKS: CONSTRUCTION SITES (CDM 2015)

Complete this section only when the inspection takes place on a construction site.

Check	Status	Comments / photo ref.
Site boundary fenced and signed; public kept out	☐ Satisfactory ☐ Action required ☐ N/A	
Site induction completed by everyone on site	☐ Satisfactory ☐ Action required ☐ N/A	
Construction phase plan available on site	☐ Satisfactory ☐ Action required ☐ N/A	
Edge protection in place for work at height	☐ Satisfactory ☐ Action required ☐ N/A	
Scaffolds tagged and inspected within the last 7 days	☐ Satisfactory ☐ Action required ☐ N/A	
Excavations supported and protected	☐ Satisfactory ☐ Action required ☐ N/A	
Welfare facilities provided (CDM 2015, Schedule 2)	☐ Satisfactory ☐ Action required ☐ N/A	

INSPECTION SCORE

Score = satisfactory checks ÷ applicable checks (N/A excluded) × 100.

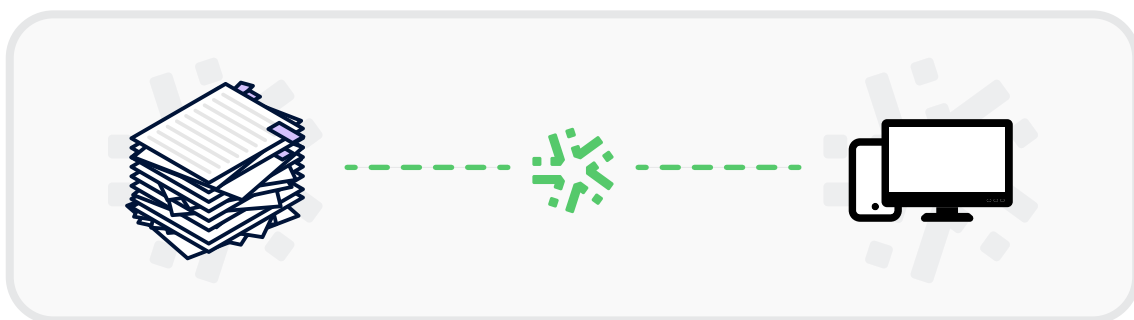
Area	Satisfactory checks	Applicable checks	Score (%)
1. Housekeeping, access and traffic routes			%
2. Fire safety and emergency arrangements			%
3. First aid, welfare and working environment			%
4. Work equipment and electrical safety			%
5. Hazardous substances and PPE			%
6. Safe systems of work and documentation			%
7. Construction sites (if applicable)			%
OVERALL SCORE			%
Previous inspection score	Date:/...../.....		%

CORRECTIVE ACTION PLAN						
No.	Hazard / non-conformance	Action required	Priority	Responsible	Due date	Completed
1			☐ High ☐ Medium ☐ Low			
2			☐ High ☐ Medium ☐ Low			
3			☐ High ☐ Medium ☐ Low			
4			☐ High ☐ Medium ☐ Low			
5			☐ High ☐ Medium ☐ Low			
6			☐ High ☐ Medium ☐ Low			
7			☐ High ☐ Medium ☐ Low			
8			☐ High ☐ Medium ☐ Low			
9			☐ High ☐ Medium ☐ Low			
10			☐ High ☐ Medium ☐ Low			

NOTES

SIGN-OFF	
Signature of the inspector Name: Date:/...../.....	Signature of the person in charge Name: Date:/...../.....

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