SHE REPRESENTATIVE CHECKLIST

|  |  |
| --- | --- |
| COMPANY NAME: | AREA: |
| SHE REPRESENTATIVE: | Date: |

NOTE: This checklist is only a guideline for the SHE Representative whilst executing the inspection to ensure no important issue is omitted. Any deviation must be recorded and reported to management and the safety committee meeting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | CHECKLIST | YES | NO |  COMMENT |
| 1 | All inspection in department done  |  |  |  |
| 2 | Structures and floors |  |  |  |
| 3 | Lighting |  |  |  |
| 4 | Ventilation |  |  |  |
| 5 | Pollution: Air, ground and water |  |  |  |
| 6 | Demarcation |  |  |  |
| 7 | Stacking |  |  |  |
| 8 | Grounds |  |  |  |
| 9 | Waste management |  |  |  |
| 10 | Ergonomics |  |  |  |
| 11 | Notices and signs |  |  |  |
| 12 | Fire equipment and escape doors unobstructed |  |  |  |
| 13 | Fire fighting equipment |  |  |  |
| 14 | Emergency alarm |  |  |  |
| 15 | Emergency plan |  |  |  |
| 16 | SHE incidents or near misses |  |  |  |
| 17 | SHE incident recall |  |  |  |
| 18 | SHE communication - posted and understood |  |  |  |
| 19 | Any hazards or risks to report |  |  |  |
| 20 | Any legal non-conformances to report |  |  |  |
| 21 | Monthly SHE meeting takes place |  |  |  |
| 22 | First aid box and equipment |  |  |  |
| 23 | All light fitting safe and secure |  |  |  |
| 24 | All floor level and trip free |  |  |  |
| 25 | All railed safe and functional |  |  |  |
| 26 | All staircases safe and trip free. |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |
| Signature Safety representative | Signature safety manager |