

Put the logo and name of the organisation
carrying out the workshop inspection

OCCUPATIONAL HEALTH AND SAFETY (OHS)

Wood processing micro, small and medium enterprises

Checklist

Occupational Health and Safety Checklist Instructions:

1. Carefully read and understand this checklist before carrying out the risk assessment of the wood processing workshop.
2. Carry out a simple survey of the neighbourhood where the workshop is located before carrying out the detailed risk assessment of the workplace.
3. Carry out the detailed survey and assess the workplace using this checklist; then answer each question as indicated (with photo reference) by ticking the relevant circle as follows:
 - Marking the circle "Yes" means the workplace environment matches the statement.
 - Marking the circle "No" means the workplace environment does not match the statement.
 - Marking the circle "Needs Improvement" means there are indications that the workplace environment needs improvements to match the statement.
4. Once the assessment has been completed by using this checklist, discuss the findings with the person in charge of the workshop. Share the recommendations on the needed improvements and ask the person in charge for more explanations. Conclude by agreeing on a timeframe for implementing the improvements.

Company Policy



1. Workshop policy on workers' safety available and displayed.

Yes No Needs improvement

Improvement _____

Improvement date _____



2. Workplace with annual training for first aid and fire drills; training for new worker(s)

Yes No Needs improvement

Improvement _____

Improvement date _____



3. Workers are taken care of when accidents occur. Incidents are recorded.

Yes No Needs improvement

Improvement _____

Improvement date _____



4. Organised workshop and warehouse.

Yes No Needs improvement

Improvement _____

Improvement date _____

Workplace Condition



1. Sufficient light in the workshop.

Yes No Needs improvement

Improvement _____

Improvement date _____



2. Noise hazard.

Yes No Needs improvement

Improvement _____

Improvement date _____



3. Working at normal temperature.

Yes No Needs improvement

Improvement _____

Improvement date _____



4. Excessive dust.

Yes No Needs improvement

Improvement _____

Improvement date _____



5. Excessive smoke.

Yes No Needs improvement

Improvement _____

Improvement date _____



6. Exposure to chemicals: solvent, paints...

Yes No Needs improvement

Improvement _____

Improvement date _____



7. Domesticated and other animals in the workshop area, such as cows, chickens, snakes, scorpions, centipedes...

Yes No Needs improvement

Improvement _____

Improvement date _____



8. Water leaks during the rainy season.

Yes No Needs improvement

Improvement _____

Improvement date _____



9. Working tables to avoid prolonged standing or sitting on the floor.

Yes No Needs improvement

Improvement _____

Improvement date _____



10. Carts, wheel borrows and other material handling equipment available.

Yes No Needs improvement

Improvement _____

Improvement date _____



11. Workers have enough space to work comfortably.

Yes No Needs improvement

Improvement _____

Improvement date _____

Other comments on aspects of the workplace area that might pose accident risks to the workers:

Workplace Accidents



1. Head injury risk.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____



2. Tripping injury risk.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____

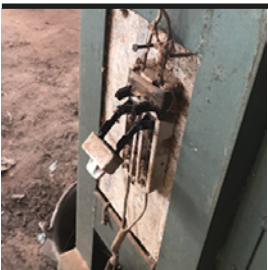


3. Adequate machine protective equipment.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____



4. Exposure to electrical hazards.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____

Fire Hazards



1. Available signage.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____



2. Available fire extinguishers.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____



3. Available evacuation plan or emergency exits.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____



4. Fixing or relocation of possible materials that can cause fire.

Yes
 No
 Needs improvement

Improvement _____

Improvement date _____

Workplace Facility



1. Rest area for workers available.

Yes No Needs improvement

Improvement _____

Improvement date _____



2. Adequate clean and hygienic restrooms.

Yes No Needs improvement

Improvement _____

Improvement date _____



3. Sufficient drinking water.

Yes No Needs improvement

Improvement _____

Improvement date _____



4. First Aid Kit available.

Yes No Needs improvement

Improvement _____

Improvement date _____

Neighbourhood Safety



1. Adequate protection from dust and flying debris.

Yes No Needs improvement

Improvement _____

Improvement date _____



2. Adequate noise and chemical protection.

Yes No Needs improvement

Improvement _____

Improvement date _____

Other comments

General remarks

Name and signature of the inspector

Name:

Date:

Position:
