



Small Business Safety Assessment Tool

This checklist is part of the Small Business Safety Program – a key initiative launched under the Small Business Strategy developed by the Victorian WorkCover Authority to help small businesses help themselves.

Use of this checklist will help businesses to determine:

- what needs to be improved
- where more information is needed

WorkSafe Victoria can help with both of the above by:

- providing information about hazards and how to fix them, or
- subsidising the cost of specialist health and safety advisors to work with the small business on their problem areas

While undertaking this self assessment, it is important to remember the following points:

- health and safety should be an integral part of the way you and your staff operate and perform all activities in the workplace
- manual handling injuries (sprains and strains) constitute the majority of injuries reported to WorkCover. It is important for you to consider which activities could lead to this type of injury
- after undertaking the self assessment, you may have identified a number of areas where work is required. Determine what actions are necessary and nominate a deadline for completion of these actions. Where possible, involve relevant employees to assist you to identify better and safer ways of undertaking an activity. By including employees in this process, they will more readily take some ownership and implement the changes
- one self assessment will look only at the situation now. Arrange a time to conduct another one. Where possible, involve your employees in this process. To do another assessment, photocopy this checklist or get another checklist from the Victorian WorkCover Authority

PROCESS

1. Complete the checklist. If you have a basic system for managing health and safety you will have answered YES or NOT APPLICABLE to all questions.
2. If you require assistance, send your self assessment to the Victorian WorkCover Authority Small Business Safety Program: fax 9641 1221 or GPO Box 4306, Melbourne, 3001.
3. WorkSafe Victoria will arrange for an independent OHS consultant to contact you
4. The OHS consultant will contact you to arrange an appointment. The Victorian WorkCover Authority will pay for up to three hours of the consultant's time. You must meet costs for consultation beyond the three-hour limit.

The employer must sign a response sheet provided by the consultant detailing the results of the visit and the time spent in the workplace. This response sheet will be returned to WorkSafe Victoria.

For more information about WorkSafe Victoria's Small Business Safety Program, or if you are having trouble completing this checklist, please contact the Small Business Program Manager, Richard Versteegen.

Phone: 9641 1290
Fax: 9641 1221
Email: richard_versteegen@workcover.vic.gov.au

PLEASE NOTE

- 1. Under the Small Business Safety Program, the Victorian WorkCover Authority will provide once only access to three hours' consultation for individual small business employers. A 'small business' is defined as a business that has the equivalent of, or less than, 50 full time staff.**
- 2. Any employer, regardless of size, can use the checklist to assess basic health and safety issues in their workplace.**
- 3. Conformance with this checklist does not mean an employer fully conforms with all requirements of health and safety legislation.**
- 4. The Victorian WorkCover Authority has a program of targeted intervention and response to complaints and incidents. Employers who are part of the Small Business Safety Program will not be exempt from this procedure. However, the Authority will ensure that information provided by employers under the Small Business Safety Program will not be provided to Victorian WorkCover Authority inspectors.**

Did you know that the Victorian WorkCover Authority has many publications which can assist you in managing your workplace health and safety? Most of these publications are available on our website – www.workcover.vic.gov.au The Victorian WorkCover Authority's website also has links to other valuable sites.

Self-Assessment Checklist

| | |
|--|---|
| Business/company name: | |
| Address: | |
| Contact person: | |
| Phone: | Fax: |
| E-mail: | |
| Nature of business/industry sector: | |
| Number of employees: | Full time Part time Casual/labour hire |
| Date: | |
| Completed by: | Position |

Instructions:

Place a ✓ in one or more below. Not all sections may apply to your business.

NOTE: If you can only answer Yes in part, tick (✓) No .

Your program – how safety is managed

| | Yes | No | Not applicable | Comment (use this space to note any issues that relate to you) |
|---|-----|----|----------------|---|
| Responsibility | | | | |
| Do you have a person who acts as a management representative for health and safety issues (as required by legislation)? | ✓ | ✓ | ✓ | |
| Involvement and consultation | | | | |
| Do you communicate with employees and are they closely involved with safety in your business? <i>e.g. changes to the work area or equipment, purchasing new equipment, planning new jobs, review of how jobs are performed, manual handling reviews</i> | ✓ | ✓ | ✓ | |
| Does everyone in your business know how to report safety problems and hazards? | ✓ | ✓ | ✓ | |
| Buying safe | | | | |
| Before buying equipment or machinery, is a check made to make sure the goods are the safest available with fewest manual handling risks? | ✓ | ✓ | ✓ | |

| | Yes | No | Not applicable | Comment (use this space to note any issues that relate to you) |
|--|-----|----|----------------|---|
| Where second hand equipment or machinery is purchased, are copies of maintenance records and replacement schedules always sought? Are checks made to ensure all guards are in place and working? | ÿ | ÿ | ÿ | |
| When buying chemicals, are Material Safety Data Sheets (MSDS) obtained to check which chemicals are the safest? | ÿ | ÿ | ÿ | |
| Are new chemicals checked before use to make sure their containers are correctly labelled? Do you make sure the safety requirements detailed on the MSDS have been put in place? <i>e.g. safety instructions for use, personal protective clothing and equipment (PPE), storage, clean-up and first aid</i> | ÿ | ÿ | ÿ | |
| Do you check the noise levels of equipment and machinery purchased or hired to ensure they are less than 85db(A)? | ÿ | ÿ | ÿ | |
| Before using new equipment, do you check to make sure all health and safety requirements have been considered? | ÿ | ÿ | ÿ | |
| Are employees trained in the safe use of any new equipment, machinery or chemicals? | ÿ | ÿ | ÿ | |
| Hiring others Is the ability to work safely always checked before hiring any contractors or other services? | ÿ | ÿ | ÿ | |
| Before contractors begin work, are the health and safety aspects of the job discussed and plans to work safely agreed to? | ÿ | ÿ | ÿ | |
| Looking after people (employees and contractors) Before they start work, do all employees and contractors receive information to keep them safe? <i>e.g. emergency and first aid, where to report problems, information about dangers, use of personal protective clothing and equipment (PPE)</i> | ÿ | ÿ | ÿ | |
| Are there clear instructions (written where possible) so that tasks can be performed safely? | ÿ | ÿ | ÿ | |
| Is there a way to make sure work is not given to people who don't have the right skills or certificates? | ÿ | ÿ | ÿ | |
| Are safety issues always looked at before any job begins to ensure it is performed: <ul style="list-style-type: none"> • in the safest way possible • with the right equipment, and • with the right people? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comment (use this space to note any issues that relate to you) |
|---|-----|----|----------------|---|
| Are you always aware that your employees and any contractors are working safely, even if they are off site or travelling? | ÿ | ÿ | ÿ | |
| Are new and less skilled employees supervised closely to make sure they are working safely? | ÿ | ÿ | ÿ | |
| Do all team leaders and supervisors know what to do to keep their workers safe? <i>e.g. hazards, work planning, reducing manual handling risks</i> | ÿ | ÿ | ÿ | |
| Healthy employees Do you know which employees require health checks and do you make sure they are provided? <i>e.g. hearing, blood tests, breathing tests</i> | ÿ | ÿ | ÿ | |
| Have appropriate employees been immunised? <i>e.g. Hepatitis A and B, Tetanus, Tuberculosis, Q Fever</i> | ÿ | ÿ | ÿ | |
| Do you make sure workloads are not causing employees too much stress and fatigue? | ÿ | ÿ | ÿ | |

Environment – where the work is done

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|---|-----|----|----------------|---|
| Clean, tidy and comfortable Is the workplace clean and tidy? <i>e.g. there is a routine for cleaning, emptying rubbish bins and other rubbish removal; rubbish that could catch fire and oily rags are stored in covered metal containers; equipment and tools not in use are put away; there is no build-up of dust that could explode or catch fire</i> | ÿ | ÿ | ÿ | |
| Is there good storage for equipment, tools, samples, stock, ingredients and product? <i>e.g. lifting between knees and shoulders only, storage boxes easy to handle, easy access for people and equipment, shelf racks and pallets in good condition</i> | ÿ | ÿ | ÿ | |
| Have you checked to make sure nothing can fall onto people? <i>e.g. goods cannot fall from shelves or raised platforms and scaffolding, stacks cannot fall over, no-one can walk under a suspended load</i> | ÿ | ÿ | ÿ | |
| Have you made sure that employees are not able to touch hot objects or surfaces? | ÿ | ÿ | ÿ | |
| Are you sure that no-one can be affected by radiation? <i>e.g. sun, X-Ray machines etc.</i> | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|---|-----|----|----------------|---|
| Clean, tidy and comfortable | | | | |
| Are all pipes labelled? Do they have enough support and are they free of leaks, drips and corrosion? | ÿ | ÿ | ÿ | |
| Have you made sure that there are no sharp edges or objects sticking out that could harm people? | ÿ | ÿ | ÿ | |
| Is there enough light for employees to perform tasks safely without eye strain or glare? | ÿ | ÿ | ÿ | |
| Are people protected from noise dangers? | ÿ | ÿ | ÿ | |
| Is there enough fresh incoming air and ventilation to ensure good air quality? Is air filtered if necessary? <i>Contaminants may include dust, fumes, chemicals and hazardous substances, solvents, steam, vehicle and fork lift exhaust fumes, and asbestos fibres. Consider spray booths, fume hoods and cabinets, welding and cutting areas, photocopier rooms</i> | ÿ | ÿ | ÿ | |
| Is the workplace working temperature comfortable? | ÿ | ÿ | ÿ | |
| Are toilets, rest and eating areas of a good standard and away from workplace areas which could make people ill? | ÿ | ÿ | ÿ | |
| Are weather and other conditions taken into account before outdoor work? <i>e.g. consider the need for shelter, shade, rest, water, communication, personal protective clothing and equipment (PPE), toilets and eating facilities</i> | ÿ | ÿ | ÿ | |
| Moving around | | | | |
| Are walkways and stairways always clear and safe? <i>e.g. steps and handrails safely in place, anti-slip treads</i> | ÿ | ÿ | ÿ | |
| Is there plenty of headroom for people to move around? | ÿ | ÿ | ÿ | |
| Have you made sure people cannot slip or trip when they move around? <i>e.g. on oil, grease, water, leads, hoses cables</i> | ÿ | ÿ | ÿ | |
| Is it easy to get in and out of the buildings and worksite(s) safely? <i>e.g. exits are clearly marked and not blocked</i> | ÿ | ÿ | ÿ | |
| Can traffic and people move safely around the worksite? <i>e.g. walkways clearly marked, vehicles separate from walkways, clear vision at corners</i> | ÿ | ÿ | ÿ | |
| Are vehicle drivers trained and aware of dangers? Do they have safe schedules and are all loads secure, especially anything inside the vehicle? | ÿ | ž | ÿ | |

Equipment, machinery and tools

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|---|-----|----|----------------|---|
| What is used to do the job? | | | | |
| Proper Use | | | | |
| Is the correct equipment always used for each job? | ÿ | ž | ÿ | |
| Are all tools, equipment and machinery appropriately guarded? | ÿ | ÿ | ÿ | |
| Have operators of tools, equipment or machinery been trained? | ÿ | ÿ | ÿ | |
| Are stop/start switches clearly marked and positioned within easy reach of an operator? | ÿ | ÿ | ÿ | |
| Has provision been made to safely store waste off-cuts around machinery and equipment? | ÿ | ÿ | ÿ | |
| Is there adequate work space around machinery? | ÿ | ÿ | ÿ | |
| Are tools, equipment and machinery regularly maintained (in accordance with manufacturer's instructions)? | ÿ | ÿ | ÿ | |
| Is there a process to ensure all tools, equipment and machinery are turned off prior to maintenance and cleaning? | ÿ | ÿ | ÿ | |
| Does this process ensure the tools, equipment and machinery cannot be turned on by other staff during maintenance and cleaning processes? | ÿ | ÿ | ÿ | |
| Unsafe or faulty | | | | |
| Are unsafe or faulty tools, equipment or machinery always reported immediately? | ÿ | ž | ÿ | |
| Are unsafe or faulty tools, equipment or machinery kept out of use until fixed? | ÿ | ž | ÿ | |
| Are health and safety risks considered before modification or alteration of any tools, equipment or machinery? | ÿ | ÿ | ÿ | |

Making sure jobs are safe

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|---|-----|----|----------------|---|
| What are our dangers? | | | | |
| Have possible dangers and hazards been discussed for each job, including manual handling tasks? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|--|-----|----|----------------|---|
| Being safe | | | | |
| Has action been taken to address the safety issues discussed to prevent injury? Have employees who are working off site or alone been considered? | ÿ | ÿ | ÿ | |
| Are there are instructions or procedures for all high-risk work? <i>e.g. work involving chemicals, equipment, electricity, lifting etc.</i> | ÿ | ÿ | ÿ | |
| Other people | | | | |
| Have you made sure that your business cannot affect the safety of other people who enter or move into the vicinity of your workplace? <i>e.g. general public, customers, clients and patients, delivery personnel, visitors, service personnel</i> | ÿ | ÿ | ÿ | |
| Are your employees protected from others with abusive or dangerous behaviour? <i>e.g. through customer service standards and training, security, back-up personnel</i> | ÿ | ÿ | ÿ | |
| Manual handling | | | | |
| Has training been provided to all necessary employees on: | | | | |
| • how to recognise hazardous manual handling | ÿ | ÿ | ÿ | |
| • how to do risk assessments, and | ÿ | ÿ | ÿ | |
| • how to find effective solutions | ÿ | ÿ | ÿ | |
| Have you listed all tasks involving hazardous manual handling and decided on realistic timeframes to carry out a risk assessment? | ÿ | ÿ | ÿ | |
| Have your risk assessments taken into account posture, movement, forces, duration, frequency and environmental factors? | ÿ | ÿ | ÿ | |
| Have you identified solutions to hazardous manual handling problems by considering improvements to the work area, the system of work, the object/s being handled and the equipment to do the task? | ÿ | ÿ | ÿ | |
| Have you considered whether there are mechanical aids which could be introduced to assist the process and make work easier and safer? | ÿ | ÿ | ÿ | |
| If you have not been able to adopt the last two measures, have you provided information, training and instruction to ensure the safety of your employees? | ÿ | ÿ | ÿ | |
| When you introduce a new solution to manual handling problems, do you check that the new solution does not create other problems? | ÿ | ÿ | ÿ | |
| Electricity | | | | |
| Are you sure there are no broken electrical plugs, sockets or switches? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|--|-----|----|----------------|---|
| Have you made sure there are no electrical leads on floors or multiple plug adaptors in use? | ÿ | ÿ | ÿ | |
| Have electrical leads and power boards been checked and tagged as safe? | ÿ | ÿ | ÿ | |
| Is the location of power lines and cables checked before digging, drilling, use of cranes or other similar work? <i>e.g. overhead, underground, underfloor, behind walls</i> | ÿ | ÿ | ÿ | |
| Do you ensure portable ladders are not used near electrical equipment or power lines, unless marked as non-conductive? | ÿ | ÿ | ÿ | |
| Chemicals and other dangerous substances – powders, liquids, and gases | | | | |
| Is there an up-to-date list of all chemicals used? <i>e.g. cleaning products, paints, solvents, degreasers, petrol, inks, toner, oils, plastics, acids, alkalis, pesticides</i> | ÿ | ÿ | ÿ | |
| Do you have information about chemicals used in your workplace i.e. a Material Safety Data Sheet (MSDS) (obtained free from suppliers)? | ÿ | ÿ | ÿ | |
| Do employees have access to Material Safety Data Sheets (MSDS) for chemicals they use or are exposed to? | ÿ | ÿ | ÿ | |
| Are all chemicals, medications and containers clearly labelled? | ÿ | ÿ | ÿ | |
| Have all employees had training and instruction on the safe use, handling, transport and storage of all chemicals they use? <i>e.g. acids, caustics, epoxies, phenols, solvents</i> | ÿ | ÿ | ÿ | |
| Are washing facilities close to areas where chemicals are used for emergency purposes? | ÿ | ÿ | ÿ | |
| Is there good airflow and fume removal from any area where chemicals are used? <i>e.g. use of an exhaust canopy</i> | ÿ | ÿ | ÿ | |
| Are all chemicals, medications and wastes stored correctly? <i>E.g. specific storage rooms and cupboards, separation from other potentially reactive substances, storage of solvents in fire-resistant containers, storage away from smoking or other ignition sources, cleaned and maintained dip tanks</i> | ÿ | ÿ | ÿ | |
| Are gas cylinders stable to ensure they cannot fall over, stored away from heat and ignition sources, stored in a vented compartment if carried in vehicle cabins? | ÿ | ÿ | ÿ | |
| Are empty gas cylinders stored upright in an area clearly marked 'empty cylinders'? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|---|-----|----|----------------|---|
| Are all chemicals, medications or waste disposed of correctly? | ÿ | ÿ | ÿ | |
| Risk of infection | | | | |
| Are possible sources of infection kept clear of: | | | | |
| -animals? | ÿ | ÿ | ÿ | |
| -humans, blood and body fluids? | ÿ | ÿ | ÿ | |
| -waste and rubbish? | ÿ | ÿ | ÿ | |
| Spraying | | | | |
| Do all inside spraying areas use booths which meet Australian Standard (AS4114:1)? | ÿ | ÿ | ÿ | |
| Is spraying work performed by trained people only? | ÿ | ÿ | ÿ | |
| Are signs displayed to warn others of outdoor spray work? <i>e.g. herbicides, pesticides</i> | ÿ | ÿ | ÿ | |
| Is the right personal protective clothing and equipment (PPE) always used? <i>e.g. gloves, footwear, coveralls, respirators and masks</i> | ÿ | ÿ | ÿ | |
| Welding and cutting | | | | |
| Is welding and cutting performed by authorised and trained people only? | ÿ | ÿ | ÿ | |
| Are measures taken to prevent fire and explosion? <i>e.g. electrical power is shut off when not in use, use of flash shields, fire watcher, protection of flooring that could burn or catch fire, flammable, explosive or toxic substances are removed completely</i> | ÿ | ÿ | ÿ | |
| Is welding and cutting equipment, cables, and compressed gas cylinders checked for defects, rust and leakage? | ÿ | ÿ | ÿ | |
| Working in or entering confined spaces | | | | |
| Have all confined spaces been identified in accordance with definitions in the regulations? <i>(the Code of Practice is available free of charge from the Victorian WorkCover Authority)</i> | ÿ | ÿ | ÿ | |
| Are there strict procedures and permits for entering or working in a confined space? <i>e.g. ban on corrosive or dangerous substances, supply lines cut-off, moving parts locked out, natural or mechanical ventilation, air quality checked, adequate lighting, standby personnel, emergency and rescue procedures and equipment</i> | ÿ | ÿ | ÿ | |
| Are employees who enter confined spaces trained and in possession of the right equipment? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|--|-----|----|----------------|---|
| Work at heights | | | | |
| Have all tasks that need to be undertaken at height been identified? <i>e.g. access to areas for repair, maintenance, cleaning or inspection, operation and maintenance of equipment</i> | ÿ | ÿ | ÿ | |
| Have appropriate fall prevention methods been put in place <i>e.g. guard rails, scaffolds or other temporary work platforms, harness systems</i> | ÿ | ÿ | ÿ | |

If things go wrong

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|--|-----|----|----------------|---|
| Emergency procedures | | | | |
| Are there procedures to cover safety of employees, anyone with mobility difficulties, visitors, clients, patients, children and customers in the event of an emergency? <i>e.g. fire, explosion, chemical spill, flood, medical emergency, machinery accidents, motor vehicle accidents, robbery and hold-up</i> | ÿ | ÿ | ÿ | |
| Have those in charge or responsible for special duties during emergencies been appointed and trained? | ÿ | ÿ | ÿ | |
| Are exit and assembly points easy to get to? | ÿ | ÿ | ÿ | |
| Are evacuation plans on display in a prominent area? | ÿ | ÿ | ÿ | |
| Do exit doors open easily from inside, including cold store room doors? | ÿ | ÿ | ÿ | |
| Have all employees practised emergency procedures? | ÿ | ÿ | ÿ | |
| Is all emergency equipment in place and working? <i>e.g. smoke or heat detectors, sprinkler systems, fire extinguishers, duress and other alarms, emergency lighting, fire doors, eye wash and showers</i> | ÿ | ÿ | ÿ | |
| Do you understand the requirement to notify Victorian WorkCover Authority immediately in the event of a serious injury or incident? (WorkCover Emergency Response number is 13 2360) | ÿ | ÿ | ÿ | |
| First aid | | | | |
| Have possible types of injuries been considered? | ÿ | ÿ | ÿ | |
| Are first aid supplies and trained first aid officers easily accessible to all employees and can equipment and first aid officers cope with all possible types of injuries? | ÿ | ÿ | ÿ | |

| | Yes | No | Not applicable | Comments (use this space to note any issues that relate to your workplace) |
|--|-----|----|----------------|---|
| Do you keep records of any first aid provided? | ÿ | ÿ | ÿ | |
| Injury/illness/incident reporting | | | | |
| Is a register of injuries kept in the format required by the <i>Accident Compensation Act 1985</i> and is it available to all employees? <i>i.e. name of injured worker, worker's age, worker's marital status, worker's address, time and date of occurrence of injury cause of injury, nature of injury, date of entry</i> | ÿ | ÿ | ÿ | |
| Is information in the register of injuries kept confidential? | ÿ | ÿ | ÿ | |
| Are workers sent a letter or note to inform them that your business has received their injury or illness report? | ÿ | ÿ | ÿ | |
| Do you have an "If you are injured" poster displayed in an area accessible to all staff? | ÿ | ÿ | ÿ | |
| When something goes wrong, are the causes looked into and actions taken to prevent recurrence, even after reports of pain, strain or sprain? | ÿ | ÿ | ÿ | |
| Rehabilitation and return to work | | | | |
| Do you have a current WorkCover policy (where required) based on correct remuneration levels? | ÿ | ÿ | ÿ | |
| Are all workers aware of the workers' compensation and rehabilitation process in this business? | ÿ | ÿ | ÿ | |
| Do you know when you must appoint a return to work coordinator and do you do so when appropriate? | ÿ | ÿ | ÿ | |
| Is there a return to work plan for all workers receiving workers' compensation (if off work for more than 20 days)? | ÿ | ÿ | ÿ | |
| Are claims lodged in the required time-frames? | ÿ | ÿ | ÿ | |
| Do you have access to an approved rehabilitation provider for use if needed? | ÿ | ÿ | ÿ | |