



MINISTRY OF EMPLOYMENT, PRODUCTIVITY & INDUSTRIAL RELATIONS
PO BOX 2216, GOVERNMENT BUILDINGS, SUVA



HQ 4th Floor Civic House,
 Victoria Parade Patel Street.
 Phone : 330 3500
 Fax No.: 330 4701

HQ 5th Floor, Employment Relations
 Tribunal & Mediation Services.
 Phone : 331 5808/310 0097
 Fax No.: 331 7257/310 0242

HQ 6th Floor, National OHS Service
 Phone : 331 6999/330 3500
 Fax No.: 331 5029

"DECENT WORK & EMPLOYMENT GROWTH"

06581

HAZARD INSPECTION CHECKLIST

Business Name:				Building Owner Name:			
Business Owner:				Address:			
Postal Address:				Floor Level:			
Nature of Business:				Email:			
Location:							
Telephone No.		Fax No.					
No. of Workers		Female:					
	Male:	Female:	N/A	Yes	No	N/A	
OHS Policy				Chemical Registration			
HIV/AIDS Policy				Chemical Register			
OHS Awareness				Injury, Accident Disease Register			
OHS Training				First Aid Register			
Workplace Registration				Workers Trained on OHS			
OHS Rep/Committee				Office Space(>6			
Risk Assessment				Access/Egress			
Safe Work Method Procedure				Floor/Stairs			
Air Receiver				Ladders			
Lifting Equipment				Signage, Notice			
Lifts				Electricity			
Mobile Plant				Noise Assessment			
Escalator				Water Sanitary			
Boiler				Dining Facility			
Steam Receiver				Hazardous Substance			
Personal Protective Equipment				Hazardous Substance Identified			
Emergency/Evacuation Plan				Spill/ Leak signage			
Manual Handling				Dust			
Mechanical Aids				Ventilation (open able windows)			
Electrical Approved Standard				Emergency lighting			
Fire Safety				Lighting			
First Aid Kit							

Additional Info:

You are notified to rectify all items as marked on column "No" as these are requirements of the Health and Safety at Work Act 1996 and failure to comply with these provisions may result in issuing of improvement notice.

Notice No. _____ **Official Use Only**

I solely declare that I have vetted the application form and the above workplace and confirmed that the above is a true reflection of my inspection on (date)..... as per the Health and Safety at Work Act 1996 and its regulations and the premises is found to be:

COMPLIANT **NON-COMPLIANT** **Inspector**

Comment:

Received By: Signature: Designation: Date:

Fees of \$..... to be paid at the completion of inspection.