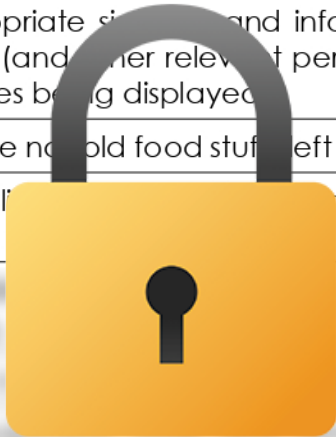


HEALTH AND HYGIENE INSPECTION CHECKLIST

| | | |
|-------------------|----------------------|--------------|
| Workplace: | Inspected By: | Date: |
|-------------------|----------------------|--------------|

| Checklist | Compliance | Actions Required / Comments | Actions Required By <small>(Responsible Person)</small> | Date Required |
|--|---|-----------------------------|--|---------------|
| 1. Are safe health and hygiene procedures being implemented and followed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 2. Is appropriate signage and information to inform workers (and other relevant persons) of safe work processes being displayed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 3. There are no old food stuff left in refrigerators? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 4. Are appliances, ovens, toasters, etc. clean and safe to use? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |



SAMPLE

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| Checklist | | Compliance | | | Actions Required / Comments | Actions Required By <small>(Responsible Person)</small> | Date Required |
|--|---|------------------------------|-----------------------------|------------------------------|-----------------------------|--|---------------|
| 12. | Are air conditioners clean and regularly maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 13. | Is the necessary PPE available and is the condition of the PPE suitable for use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 14. | Are noise levels acceptable and adequately controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 15. | Work is not carried out in areas where it could cause injury or damage to health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 16. | Are workers provided with adequate sun protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 17. | Are all electrical cables properly installed and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 18. | Are all electrical cables properly installed and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 19. | Are all electrical cables properly installed and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 20. | Are all electrical cables properly installed and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| 21. | Are all electrical cables properly installed and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | | |
| Responsible Person: _____ Additional Comments: _____ | | | | | | | |



SAMPLE

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