

HEALTH AND HYGIENE INSPECTION CHECKLIST

Workplace:		Inspected By:		Date:	
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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	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 on workers (and other relevant persons) and work processes being displayed?	<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 (Responsible Person)	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			



SAMPLE

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Inspection Summary / Additional Comments