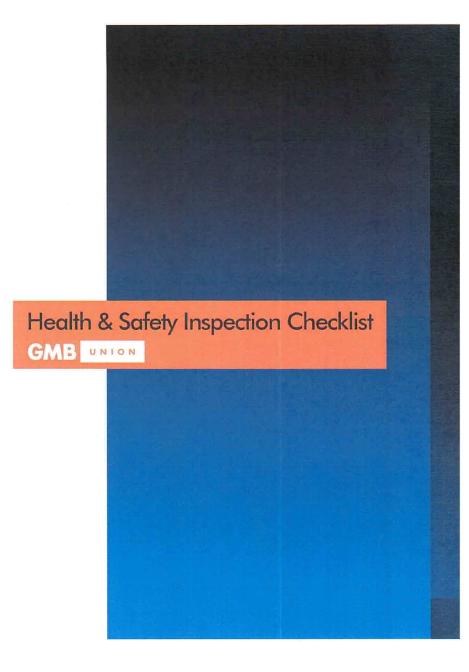
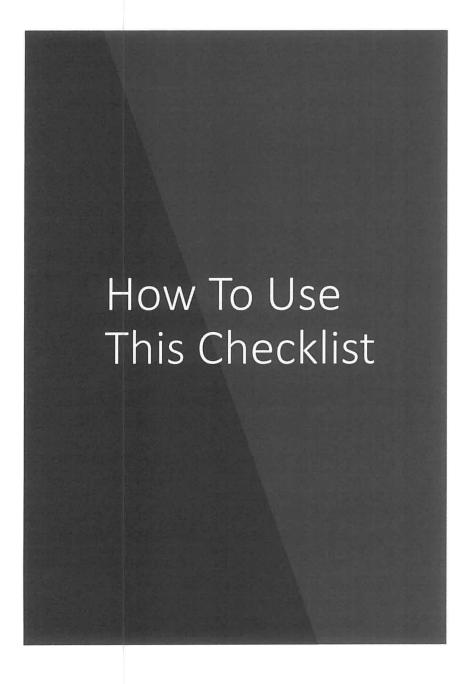


- Safety reps have extensive legal rights to carry out inspections of the workplace.
- It is important for GMB Safety Reps to exercise this right and undertake regular inspections.
- Inspecting the workplace allows you to meet your members and discuss their concerns.
- This shows that you are serious about tackling the health and safety issues which affect them and helps to maintain the GMB's profile.
- For full details of when you are entitled to inspect see Section Six of the GMB Safety Reps Handbook.
- This checklist is designed to help Safety Reps carry out workplace inspections. Its aim is to help you cover some of the most important areas and consider what improvements need to be made.
- Carry out regular inspections and use your checklist each time you do so. Check the "accident book" before you inspect to find out details of any accidents which may have occurred. When you are on your rounds, communicate with your members. Listen to what they have to say and take note of their suggestions for improvements.
- Conducting short surveys amongst your membership can also provide useful information on their common problems and concerns.





- As you inspect, work through the questions on your checklist and decide which measures need to be taken according the following procedure: a) If action is not needed (ie improvements have already been carried out or the inspection has found the area to be safe) tick the NO ACTION column opposite the relevant question.
- b) If improvements are needed tick the ACTION column. The ACTION column should also be ticked if measures have already been taken but further action is necessary.
- c) If urgent action is necessary tick the URGENT ACTION column.
- d) In the COMMENTS section, write your notes on the action which needs to be taken. You may need extra paper to take notes whilst carrying out your inspection





After the inspection, ensure that management is informed of the problems and take appropriate action to resolve them. Always make your reports in writing



Keep a record of the date, the job or member you were with, or area you were in and a copy of the checklist for your records. Use your copy to check that management have taken the appropriate action Response time for urgency to find

Hand Tools and Equipment

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|----------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Are hand tools of a quality that is fit for purpose? | | | | |
| Are ALL hand tools that are required for task available? | | | | |
| Are there alternate hand tools better suited to perform the task available but not supplied? | | | | |
| Is the carrying equipment for the hand tools fit for purpose? | | | | |
| Are any hand tools damaged and in need of replacement? | | | | |
| Is operative confident and competent to use all hand tools and their designed purpose? | | | | |

Testing Equipment

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|---------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Is testing equipment of a quality that is fit for purpose? | | | | |
| Is ALL testing equipment, which is required for the task, supplied and available to use? | | | | |
| Is there alternate testing equipment better suited to perform the tests? | | | | |
| Are purpose provided cases and carrying equipment for use with testing equipment suitable for the task? | | | | |
| Is all testing equipment kept in good condition and working order? | | | | |
| Is all testing equipment required to be calibrated, tested and in date? | | | | |
| Is operative confident, and competent on how to use all test equipment? | | | | |

Power Tools and Equipment

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|--------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Are power tools of a quality that is fit for purpose? | | | | |
| Are ALL power tools that are required for task available? | | | | |
| Are there alternate power tools better suited to perform the task available but not supplied? | | | | |
| Have all power tools required to be regularly tested, been tested in the required time frame? | | | | |
| Are power tools kept in good condition and correct (protective) carrying equipment supplied and used? | | | | |
| Is operative confident and competent how to use all power tools for their designed purpose? | | | | |
| Are all safety features in use on all power tools, and are any missing or have any been removed or disabled? | | | | |

Materials and Consumables

*M&C= Materials and consumables

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|-----------------------------------------------------------------------------------------------------------------|-----------|--------|------------------|----------|
| Are M&C of a quality that is fit for purpose? | | | | |
| Are members fully trained on how to use and the purpose of all M&C, and any safety precautions required to use? | | | | |
| Are any M&C required to carry out the job role, not supplied or unavailable? | | | | |
| Is the member fully aware of how to dispose of used M&C and/or packaging? | | | | |
| Are M&C stored appropriately? | | | | |
| Is carrying equipment for any M&C fit for purpose? | | | | |

Lifting and Handling

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Is all lifting and handling equipment of a quality that is fit for purpose? | | | | |
| Is all lifting and handling equipment required for the task available? | | | | |
| Has all lifting and handling equipment required to be inspected tested, been inspected in the required time frame? | | | | |
| Is all lifting and handling equipment maintained and in good working order? | | | | |
| Is storage of lifting and handling equipment adequate, and does moving or lifting it from storage pose any risk? | | | | |
| If the worker requires any specialist lifting and handling equipment are they aware of any process to do this, or certification/training required when using said equipment? | | | | |
| Is the worker aware of the maximum safe lifting weight suggested for their capability, working position, and shapes of object and are they aware of the process to get assistance for anything over this weight? | | | | |
| When was the last time the member received any manual handling training, specifically for their job type? | | | | |
| Have work tasks been assessed to determine whether the handling of loads can be avoided altogether? | | | | |

Access Equipment

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|------------------|----------|
| Is all access equipment of a quality that is fit for purpose? | | | | |
| Is all access equipment required for the task available? | | | | |
| Has all access equipment required to be inspected tested, been inspected in the required time frame? | | | | |
| Is all access equipment maintained and in good working order? | | | | |
| Is storage of access equipment adequate, and does moving or lifting it from storage pose any risk? | | | | |
| If the member requires any specialist access equipment are they aware of any process to do this, or certification/training required when using said equipment? | | | | |

First Aid and PPE

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Has the need to use personal protective equipment been minimised by the introduction of other risk control measures? | | | | |
| Is the personal protective equipment provided at no cost to the worker? | | | | |
| Is PPE in good condition and well maintained? | | | | |
| Is all PPE within its expiry date and are users aware of an expiry date if applicable? | | | | |
| Has the worker, who uses the PPE been provided with full information of the risks they are being protected from, and been given instruction on the proper use of the equipment? | | | | |

First Aid and PPE

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|--------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Adequate eye protection supplied? | | | | |
| Adequate head protection supplied? | | | | |
| Adequate hearing protection supplied? | | | | |
| Adequate dust control measures, or protection supplied? | | | | |
| Adequate hand and cut protection protection, fit for purpose? | | | | |
| Adequate Foot protection supplied? | | | | |
| Is a fit for purpose first aid kit provided and is it easily accessible? | | | | |
| Is the uniform supplied fit for purpose? | | | | |
| Adequate kneeling protection supplied? | | | | |

Vehicle

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Is the vehicle supplied suitable for the driver and are they able to obtain a safe driving position? | | | | |
| Is the vehicle able to be loaded and unloaded safely as required in all situations and job types? | | | | |
| Are regular checks done on the vehicle to keep it legal and roadworthy? | | | | |
| Are all items able to be stored in designated parts of the vehicle for which it was designed? | | | | |
| Is the van clean and tidy to the point where it will not pose any risk? | | | | |
| Are there any other areas of concern regarding the vehicle? | | | | |

House Keeping

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Are adequate toilet facilities provided with hand washing facilities a supply of hot water and soap, if not is an allowance made for this provision e.g. a return home? | | | | |
| Is time allowed to clean a work area, at regular intervals e.g. a vehicle? | | | | |
| Are waste bags or receptacles of adequate size, and are they fit for purpose? | | | | |
| Are materials and objects adequately stored or stacked to prevent them moving or causing injury? | | | | |
| What provision is made for pregnant women and nursing mothers in current job role? | | | | |
| Is there an adequate supply of fresh drinking water? | | | | |
| Is there provision for a comfortable space for the worker to take a rest break? Not in a work vehicle | | | | |

Lone Working

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| What is the risk of violence to the worker in the current situation? | | | | |
| Are you comfortable reporting all accidents, injuries, near-misses and other dangerous occurrences? | | | | |
| Are you comfortable performing a dynamic risk assessment before commencing any work tasks? | | | | |
| Are you confident, if risk assessment shows that it is not possible for the work to be carried out safely you know what process to follow? | | | | |
| Are periodic checks in place you are aware of to protect your safety? | | | | |
| Are there any automatic warning devices in place that need to be actively cancelled by workers? Rather than rely on workers sending them | | | | |
| When was the last time you had personal first aid training? | | | | |

Lighting

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|-------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Does the mobile worker have the means to provide adequate light to perform there job? | | | | |
| Can this be done without introducing another hazard into the work area? | | | | |
| Are jobs that require natural light e.g. performing safety inspections outside, been planned to take this into account? | | | | |
| Is emergency lighting provided with an independent power source? | | | | |
| Does emergency lighting provided, give enough light, to perform work tasks safely? | | | | |
| Is temporary lighting provided adequate for the tasks it is expected to be used for? | | | | |
| Is lighting within the vehicle adequate? | | | | |

Working with Electricity

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|------------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Are you confident to be able to undertake safe to touch, safe isolation and prove electrically dead? | | | | |
| Do you have all the test equipment to perform the above task? | | | | |
| Are you confident you have a basic knowledge of electricity? | | | | |
| Are you confident you have a basic knowledge of domestic house wiring? | | | | |
| Do you know the process if you have an electrical contact, or suspected electrical contact? | | | | |
| In terms of electrical work. Do you know what sits inside and outside of your level of competence? | | | | |
| Are you able to interpret readings on test equipment? | | | | |

Asbestos

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|----------------------------------------------------------------------------------------------------|--------------|--------|------------------|----------|
| Are you able to see any pervious Asbestos risks recorded before attending a work location? | | | | |
| Do you have a basic Knowledge of asbestos and the dangers? | | | | |
| Do you have all relevant asbestos safety and waste equipment for your competence? | | | | |
| Are you aware of where to find procedures and policies relating to asbestos in your job role? | | | | |
| Do you have relevant PPE? And have you had checks done to make sure that PPE is suitable, for you? | | | | |
| Are you aware you need a clean air certificate to work safely after asbestos has been removed? | | | | |

Job Specific Checks

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|------------------------------------------------------------------------------------------------------------|--------------|----------|------------------|---------------------------|
| Are you required to sign in and/or sign out of this work area? e.g. site office | 16 | pir toni | INE NOTE: | a, use your knowledge sod |
| Is an induction course required for this work area? | | | | |
| Is any specific PPE required for this work area? | | | | |
| Are you able to gain sufficient access with your vehicle, to safely carry out the job? | | | | |
| Are there any animal risks? | | | | |
| Are there any risks associated with any disabilities, vulnerabilities or special requirements? | | | | |
| Are you able to access the work area safely? | | | | |
| Are you able access any previous risks, accidents or hazards near misses recorded from any previous visit? | | | | |
| Are there any environmental risks? | | | | |

Not the finished article

The questions on the preceding slides will not cover all the things you may need to check during your inspection. They will get you started, but you will need to add subjects to your checklist. The exact items you add will depend upon the circumstances in your location and skill set.

You will need to develop specific questions for other subjects, perhaps after you have carried out one or two inspections to get the feel of things. As the list is not exhaustive, during your discussions with your members, use your knowledge and experience of this workplace to add anything which is not listed to your own checklist. A blank sheet is provided on the next slide:

Other...

| | NO ACTION | ACTION | URGENT ACTION | COMMENTS |
|--|--------------|--------|------------------|----------|
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