

# WORKPLACE INSPECTION

Location				Date of inspection:		
Inspection Team Members:						
AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
<b>EMERGENCY, SECURITY AND ADMINISTRATION</b>						
Is safety information accessible, complete, and up to date (safety plan, equipment manuals, SOPs, meeting minutes, inspections, hazard assessments, OHS handbook)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are first aid kits, eye wash stations and all other emergency response equipment, maintained and accessible?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are the appropriate fire extinguishers mounted, in good working order and have been inspected?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are the required number of first aiders on site and is their contact information posted?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are emergency response plans posted with current contacts?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is there a list of fuels, chemicals, medications, and substances with the current Safety Data Sheets (SDS) available?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are current and applicable farm rules and policies implemented (working alone, violence and harassment, WHMIS etc.)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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Are all records current and complete (training records, inspections, incident investigations, hazard assessments)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are the appropriate safety signs posted (farm rules, danger, no smoking, authorized persons only etc.)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>GENERAL FARM SAFETY QUESTIONS FOR ALL AREAS</b>						
Are there any issues with the buildings due to age, weather, or other conditions that could create a hazardous environment (roof, support beams, windows, doors etc.)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are the buildings and kept in good order: free of clutter, free of dust, tripping hazards, low overhangs, and slippery surfaces?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is there adequate lighting for work being performed on the farm?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are materials, medications, and chemicals properly handled, stored, secured, and disposed of?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are combustible, flammable, and explosive materials stored correctly and away from ignition sources (gas cylinders, feed, bedding)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are ladders and stairs in good condition with appropriate handrails?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is there an adequate power supply? Are electrical outlets and equipment grounded and protected? Are cords and wiring in good repair?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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When equipment, tools, or power systems are inspected or maintained are they shut off and locked out?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are heating, ventilation and air conditioning requirements met and are systems in good working order?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are guards, covers, shields, grates, guardrails and barriers correctly installed and in use on equipment and structures?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are tools and equipment in good working order and properly stored (unplugged, guards on, tagged out for repair)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are there clean bathroom and washing facilities?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are measures in place to protect moving equipment from contact (utilities underground and overhead, trees, structures)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are measures taken to prevent falls from unguarded edges or spaces (work at heights, wells, canals, tanks etc.)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are firearms kept secured and stored according to applicable legislation ?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is the appropriate PPE available and being used correctly?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are high risk activity requirements being met: fall protection, confined space, excavation etc.?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are SOP, manufacturer recommendations, policies, legislation, and standards being followed by workers and enforced?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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<b>ANIMAL HANDLING FACILITIES</b>						
Are pens, gates, fences, animal confinement, and head gates in good condition with unobstructed entry and exit points?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are the appropriate animal handling protocols in place?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>GRAIN STORAGE AND HANDLING FACILITIES</b>						
Are entrances to grain and silage areas closed, appropriate warning signs posted, and loading mechanism locked out?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are rotating augers, belts, pulleys, chains and other equipment properly shielded?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Do the grain bins have permanently affixed ladders and cages if required?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is there an emergency response plan in place in case workers become entrapped?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>WORKSHOP</b>						
Is there an appropriate power supply, is electrical wiring in good condition, and can the power source be locked out?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Does the shop have appropriate ventilation for activities (welding, painting, etc.)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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<b>CHEMICAL STORAGE AND HANDLING</b>						
Are chemicals stored in a separate storage area and non-compatible chemicals physically isolated?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are chemicals stored in their original containers with visible labels?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Is there spill containment equipment available and fresh water for flushing?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are chemical storage and mixing area protected and vented?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>FARM MACHINERY</b>						
Is equipment stored in a secure location, with keys removed, and implements lowered (where applicable)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are safety switches, guards, and shields being used (PTO)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Does equipment have adequate warning lights, and labels that are clean and visible (including slow moving equipment emblem)?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are trailers and implements connected securely and properly?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are tractors equipped with Roll Over Protection Structures (ROPS) and when in place seat belts are being worn?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are hydraulic lines and fittings inspected and immediately repaired if found faulty?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

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<b>FUEL STORAGE AND HANDLING FACILITIES</b>						
Are above ground tanks solidly supported, vented, and located 15m away from other structures?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are fuel tanks and pumps barricaded or guarded to protect them from vehicles?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are fuel hoses, nozzles, and pumps system regulators, and gauges in good condition, protected, and free of debris?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are there safety procedures and training in place to deal with leaks?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are small quantities of kerosene, gasoline, or diesel stored in approved metal containers?	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

*Disclaimer – These documents have been designed to assist the farm with a quick introduction to safety at the farm gate. To comply with legislation, farm management will need to evaluate legislation in your local jurisdiction and seek the advice of a safety professional to help you meet regulatory requirements that apply to your specific farming operation.*

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed