



WINDMILL (pre-start) HAZARD INSPECTION CHECKLIST

Authorised by:
.....

LOCATION OF INSPECTION

Inspected By (1) (2)
PRINT PRINT

Signature (1): (2)

Date of Inspection:/...../..... Time:AM/PM

PURPOSE:

The purpose of this document is to provide guidelines for the identification of Hazards and Risks in the workplace in line with the windmill work instruction.

DEFINITION:

Hazard: A hazard is a source of potential harm or a situation with the potential to cause loss.

Risk: A chance that an event will occur which will result in personal injury or loss.

RISK ASSESSMENT CALCULATOR

CONSEQUENCES How severely could it hurt someone	LIKELIHOOD — of exposure to a hazard causing injury given the frequency of exposure and consequence.				
	ALMOST CERTAIN	LIKELY	POSSIBLE	UNLIKELY	RARE
CATASTROPHIC ➤ Death, permanent disablement	Extreme	Extreme	Extreme	Extreme	High
MAJOR ➤ Serious bodily injury	Extreme	Extreme	Extreme	High	High
MODERATE ➤ Medical Treatment	Extreme	High	High	Moderate	Moderate
MINOR ➤ First Aid only	High	High	Moderate	Low	Low
INSIGNIFICANT ➤ No Injuries	High	Moderate	Low	Low	Low

Code: E – Extreme Risk, H – High Risk, M – Moderate risk, L – Low risk

INSPECTION PROCEDURES:

- Use this checklist to inspect for hazards at the windmill **before commencing maintenance**, as indicated by the Hazard/Risk Inspection Matrix (Wall chart).
- WHSRs and the supervisor / foreman are to inspect for hazards as per the “Hazard Inspection Matrix”.
- For any ‘No’ ticked, conduct a risk assessment using the ‘Risk Assessment Calculator’ and write down the risk level on the checklist. (Any code identified as either an **E** or **H** risk must be immediately reported to the Manager and WHSO so a formal, documented risk assessment may be conducted).
- Add up all the boxes ticked “NO” and the number of each different risk level and indicate in the table at the end of the checklist.
- When completed, transfer all hazards that can’t be rectified immediately to the ‘Risk Management Planning Sheet (RMPS)
- Forward the checklist and RMPS to the Supervisor and then the Manager for further action (if required) and sign-off.
Note: When recommending control/corrective actions, always consider both short term and long-term control options.
- Forward the checklist and RMPS to the WHSO for further action (if required) and sign-off.
- The WHSO is to table the RMPS at each Safety Committee meeting.
- The Safety Committee is to discuss the control/corrective actions and monitor if the RMP has been effectively actioned, verified and signed off.
- The supervisor / foreman should discuss the checklist and RMPS with his/her staff at the regular toolbox talks.
- Always conduct a risk assessment before any controls are implemented and a risk assessment after the controls are implemented to ensure the risk has been reduced.

NOTE: All questions should be answered by marking the appropriate column with a (✓).
(Y) = Yes (N) = No (NA) = Not Applicable

No	Items to Check	Yes	No	NA	Risk	Comment
1. Emergency Rescue						
1	Are written procedure/plan in place and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Sufficient emergency communication available two-ways / mobile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Does a minimum of 2 practice drills occur per year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. First Aid (available on vehicle at site)						
1	Are there sufficient first aid kits at the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are first aid kits checked on a regular basis? Date of last check/200..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is all content in date? (check expiratory dates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Does the content of kit, agree with content list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are first aid officer's identities displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there a Register of First-aid training kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are emergency telephone numbers displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are all injuries reported and recorded (view book or form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are all workers made aware of the Injury Reporting Policy of the Council during their induction process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	When first aid equipment is used, is it recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Is a sharps kit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Electrical						
1	Is electrical equipment tested and tagged on a regular basis? Date of next test .../200.... (Check some tags)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the windmill protected by RCDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are RCDs manually tested to ensure correct operation. Date of test .../200...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are isolation and lock out tags available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Signage						
1	Are relevant signs displayed near equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are unauthorised entry signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are signs in good condition (not faded)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are out of service/danger tags available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Personal Protective Equipment						
1	Is appropriate PPE available and being used and maintained correctly eg. <input type="checkbox"/> foot, <input type="checkbox"/> ear <input type="checkbox"/> eye, <input type="checkbox"/> head, <input type="checkbox"/> hand, <input type="checkbox"/> harnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is adequate signage in place where PPE is required to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is all PPE maintained in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are harnesses regularly checked? Date of test .../200..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Noise						
1	Has a noise exposure survey been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the hearing protection provided appropriate for the level of noise emitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Have workers been appropriately trained in the safe use and fitment of PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are earmuffs correctly maintained? (Check some ear muffs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Hazardous Substances						
1.	Have all hazardous substances / dangerous goods been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are all chemicals and substances correctly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is there an appropriate decanting system in place for hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are containers well marked/labelled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are Risk Assessments available for <u>all</u> hazardous substances & dangerous goods? (Check if several hazardous substances found in the vehicle have been risk assessed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6	Are Material Safety Data Sheets (MSDS) provided and available to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is a spill kit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Have users of hazardous substances been appropriately trained in their safe use and application? i.e. have they done a ChemCert course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No	Items to Check	Yes	No	NA	Risk	Comment
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8. Lifting Equipment						
1	Is all lifting gear tagged, current, stored appropriately and in good condition? <input type="checkbox"/> Slings Date of last test/ 200... <input type="checkbox"/> Chains Date of last test/ 200... <input type="checkbox"/> Shackles Date of last test/ 200... <input type="checkbox"/> Lifting bars Date of last test/ 200...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the SWL displayed on relevant lifting equipment ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is the overhead crane regularly serviced? Date of last service/ 200...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is the correct lifting equipment being used for lifting activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9. Plant / Equipment						
1	Are access ladders in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are platforms in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are windmill legs in good condition? (no rust in ground – dig near legs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10. Hand Tools						
1	Are hand tools in good condition? (Check free from splits, deep cut or damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are hand tool heads checked regularly to ensure they are secured? (appropriate tool bag for height work available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

11. Portable Power Tools						
1	Are portable power tools in good condition? (Check items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have staff been trained in the safe use of power tools with RCD's fitted ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

12. Pressure Equipment						
1	Have staff been trained in the safe use of pressure equipment? (Compressor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is compressed air equipment maintained on a regular basis, and is this recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

13. Welding & Cutting (if applicable)						
1	Are gas cylinders correctly stored – secured by chain or bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are all gas cylinders turned off and hoses rewound when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	All welding hoses and leads are in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are flash back arrestors in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Have staff been provided with welding PPE and instructed in its safe use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are trained and suitably competent staffs used for welding tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is a fire extinguisher located in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

14. General						
1	Work area kept clear at all times (no tripping hazards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are incident / injury forms available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are Hazard Reports forms available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are risk assessments carried out on the use of plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

16. Specific Work Procedures						
1	Have specific procedures been implemented for: <input type="checkbox"/> Confined spaces <input type="checkbox"/> Working at heights <input type="checkbox"/> Electrical lock out & tagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

17. Confined Spaces (if applicable)						
1	Have all confined spaces been: <input type="checkbox"/> Identified? <input type="checkbox"/> Register compiled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have all confined spaces been signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are risk assessments available for Confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are gas detectors in good condition, stored correctly and maintained (check maintenance log book) Date of last check/200....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No	Items to Check	Yes	No	NA	Risk	Comment
18. Height Work						
1	Has all areas for working at heights been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are floor and walkway surfaces in good condition (not slippery, no loose material or debris)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Ropes in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is hand/guard railing appropriate and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are barriers / guards adequate to prevent fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are there appropriate anchor points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Have metrological conditions been considered, could extremely windy or whirly wind conditions occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is the weather extremely hot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are ladders safe and properly affixed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Ladders free from mud and grease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other Hazards identified that were not included in the checklist

No	Items to Check	Yes	No	NA	Risk	Comment
23 Other Hazards						
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Collation:
Add up all the boxes ticked "NO" and the number of each different risk level

"NO"

"E" "H" "M" "L" Not Assessed

Manager

Name:	Signature:	Date:
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Comments

Supervisor

Name:	Signature:	Date:
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Comments

WHSO

Name:	Signature:	Date:
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Comments

SAFE SYSTEM OF WORK – RISK MANAGEMENT PLANNING SHEET

Inspection date/...../..... Inspected by

Item #	DATE	Hazard Identified	Assessed Risk Level	Risk Control Action Needed or Planned	Responsible Person	Cost \$	Target Date	Date Actioned	Revised Risk Level after Action

ACTION AGREED TO

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Management:

Date: