



Please complete the following questions entering as much detail as possible.

Company/Branch name:

Reviewer's name:

Review date:

Referring to the Hazard Cards, review the office and ensure the following hazard control measures are in place:

Induction: Have all workers been inducted to the workplace as per the Office Worker Health and Safety Induction Checklist and have they signed the form? Where applicable, have clients who visit the workplace, other than in public areas, been signing the Visitor Induction Register?

Yes No N/A

Training: Have all staff received health and safety training for the work they are doing and has this been listed in their Training Plan and Register? Is regular refresher training or up-skilling being provided when needed? Have all staff been trained in hazard management? Are untrained workers being supervised by experienced workers?

Yes No N/A

Emergency Plan: Is the Company Emergency Plan current? Is this available to all workers? Has this been read and understood by all workers?

Yes No N/A

Evacuation Scheme or Procedure: Is there a regularly updated Evacuation Procedure or Scheme for the building? Have wardens been appointed and trained for the workplace? Has an evacuation drill been carried out in the last 6 months?

Yes No

Emergencies and Health: Are there trained first aiders and first aid equipment available, appropriate to the size of the workforce? Are first aid kits checked and restocked? If you have fire extinguishers or hoses, have they been checked in the last 12 months?

Yes No N/A

Manual Handling: Are all workers using the correct technique when lifting/moving materials? Is training required in manual handling? For heavy/awkward loads, are 2 workers being used? Are materials being stored correctly eg between knee and shoulder height?

Yes No N/A

Work Stations: Are all workstations designed and set up correctly? Do all work stations have the appropriate and/or necessary equipment eg telephone headsets or adjustable chairs etc? Is all equipment in good working order?

Yes No N/A

Walkways and Exits: Are walkways and exits clear of obstructions?

Yes No N/A

Electricity: Are all leads in good condition (no temporary repairs or exposed wires)? Are all leads clear of walkways and high traffic areas?

Yes No N/A

Appliances/Equipment: Are all appliances/equipment recorded on the Electrical Equipment Register? Are all appliances/equipment in good working order (including what is in the kitchen)? Are air conditioning units working and maintained to a schedule?

Yes No N/A

Lighting: Are lighting levels appropriate for all tasks being undertaken? Check lighting lux levels are correct (recommended brightness) and that there are no blown bulbs or flickering.

Yes No

Stored Materials: Are materials being stored in the correct location(s)? Is the stacking of materials being done by appropriately trained workers?

Yes No N/A

Falling Materials: Are all stored materials secured from falling? Are shelves/ racks used appropriately (not overloaded) and filing cabinets/shelving secured to prevent them falling in an earthquake?

Yes No N/A

Noise: Are noise levels below 85 decibels?

Yes No N/A

Office Design: Are all work stations appropriately positioned eg away from direct sun, drafts or not directly under air conditioning units?

Yes No N/A

Hazardous Substances: Are all hazardous substances correctly labelled and stored correctly/securely? Are all chemicals stored in their original containers? Note: If there is a cleaning cupboard which is controlled by a contract cleaner, confirm with the contractor that ALL hazardous substances are being stored and handled in accordance with the requirements of the HSNO Act.

Yes No N/A

Working at Height: Are materials being stored in the correct location(s)? Is the stacking of materials being done by appropriately trained workers?

Yes No N/A

Workplace Housekeeping: Is the workplace tidy? Is the lunch room kept tidy and free of trip/slip hazards?

Yes No N/A

Accidents/Incidents (Events): Have all accidents and incidents been documented and investigated? Have the accidents been reviewed at safety meetings and corrective actions implemented and documented in the minutes? Have all serious harm accidents been reported to WorkSafe NZ?

Yes No N/A

Vehicles: Do all vehicles have a current WOF and have they been maintained to a schedule? Are all drivers licensed to operate vehicles? Is driver training required? Are regular vehicle checks being done using the Vehicle Checklist? Is driver fatigue being managed?

Yes No N/A

Building WOF and any Specified Systems: Some buildings require a Building Warrant of Fitness. Check with your building owner/manager if your building requires one. Are there any specified systems in the building (eg lifts, sprinklers, fire alarms, air conditioning etc)? Are these regularly checked/serviced?

Yes No N/A

Provide comment on what needs to be addressed as a priority and what could be improved on. Any uncontrolled significant hazards identified during the review must be documented, brought to the attention of the office manager and controlled as soon as possible.