



**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:

1. Use this checklist to inspect for hazards at the windmill **before commencing maintenance**, as indicated by the Hazard/Risk Inspection Matrix (Wall chart).
2. Work Health & Safety Representative/s (WHSR) and the supervisor / foreman are to inspect for hazards as per the "Hazard Inspection Matrix".
3. 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 WHSR so a formal, documented risk assessment may be conducted).
4. 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.
5. When completed, transfer all hazards that can't be rectified immediately to the 'Risk Management Planning Sheet (RMPS).
6. 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.
7. Forward the checklist and RMPS to the WHSR for further action (if required) and sign-off.
8. The WHSR is to table the RMPS at each Safety Committee meeting.
9. The Safety Committee is to discuss the control/corrective actions and monitor if the RMP has been effectively actioned, verified and signed off.
10. The supervisor / foreman should discuss the checklist and RMPS with his/her staff at the regular toolbox talks.
11. 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"/>		

No	Items to Check	Yes	No	NA	Risk	Comment
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 Safety Data Sheets (SDS) 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 an AusChem course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		

No	Items to Check	Yes	No	NA	Risk	Comment
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"/>		
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

WHSR

Name:	Signature:	Date:
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Comments

RISK ASSESSMENT AND MANAGEMENT RECORD									
HIERARCHY OF CONTROLS PLANNED OR IMPLEMENTED									
Item #	Date	Identified Hazard	Assessed Risk Level	CONTROL 1 Eliminate	CONTROL 2 Substitute	CONTROL 3 Isolate or Guard	CONTROL 4 Redesign or Engineering	CONTROL 5 Administration	CONTROL 6 PPE

IMPLEMENTATION AND CONTROL SHEET						
Item #	RISK MANAGEMENT ACTION REQUIRED	Responsible Person	Cost \$	Target Date	Date Actioned	Revised Risk Level after Action