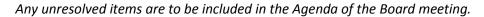
Issue Date: Sep 2017 (Review Date: Jun 2019)

Triathlon ACT OFFICE SAFETY INSPECTION

This report is to be completed by the - Chair of Governance Sub-Committee.





Date of Inspection:					Time:		
			1	1	•		
Area	Potential Hazard				Comme	ents	
	Signage in place		YES	NO			
EVACUATION	Fire stairs and doors clear of obstructions		YES	NO			
	Clear evacuation pathways in the office		YES	NO			
FIRST AID	First Aid kit signage in place		YES	NO			
	First Aid kit in position and fully stocked		YES	NO			
	TACT First Aid Officer a Name: Accreditation Expiry da		YES	NO			
	Trip hazards		YES	NO			
OFFICE ENVIRONMENT	Fire hazards		YES	NO			
	Electrical hazards (check tag & test dates)		YES	NO			
			YES	NO			
OTHER HAZARDS			YES	NO			
			YES	NO			
	I		1	1			
UNRESOLVED ITEMS TO BE INCLUDED IN H&S MEETING AGENDA (from the list above)						YES	NO
1							
2							
	PERSON(S)	CONDUCTING THIS I	NSPECT	ION			
Print		Signature				Date	
		<u> </u>					

When completed, please scan and upload to the WHS folder in the TACT Drive