

# Triathlon ACT OFFICE SAFETY INSPECTION

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

*Any unresolved items are to be included in the Agenda of the Board meeting.*



<b>Date of Inspection:</b>	<b>Time:</b>
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Area	Potential Hazard			Comments
<b>EVACUATION</b>	Signage in place	YES	NO	
	Fire stairs and doors clear of obstructions	YES	NO	
	Clear evacuation pathways in the office	YES	NO	
<b>FIRST AID</b>	First Aid kit signage in place	YES	NO	
	First Aid kit in position and fully stocked	YES	NO	
	TACT First Aid Officer accredited Name: Accreditation Expiry date:	YES	NO	
<b>OFFICE ENVIRONMENT</b>	Trip hazards	YES	NO	
	Fire hazards	YES	NO	
	Electrical hazards (check tag & test dates)	YES	NO	
<b>OTHER HAZARDS</b>		YES	NO	
		YES	NO	
		YES	NO	

UNRESOLVED ITEMS TO BE INCLUDED IN H&S MEETING AGENDA (from the list above)		YES	NO
1			
2			

PERSON(S) CONDUCTING THIS INSPECTION		
Print	Signature	Date

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