

Self-Assessment Checklist

This checklist will help your business to find out what safety issues you need to address or improve, and when you may need more information. Like all checklist it only acts as a guide to safety issues in your workplace, not as a tool that can identify every safety issue in your workplace. So don't rely solely on this checklist to identify all your business's safety issues. For example you could ask your workers, contractors and network with others in your industry sector. Remembering that it is your obligation as a PCBU to consult with all people that may be affected by your operations no matter who they are and what their role is.

While undertaking this self-assessment it's important to remember the following points:

- Health and safety must just be a part of the way you and your workers operate, so always consider it as an integral part of activity undertaken in your workplace.
- The self-assessment may identify a number of areas/activities where you need to take some action. Work out the best action that can be taken by consulting with those employees who are involved in the identified areas/activities.
- By consulting with the relevant employees they will take some ownership and more readily implement the changes required.
- Manual Handling (strains and sprains) make up the majority of reported injuries so make sure you consider which activities could lead to this type of injury.
- While undertaking the self-assessment, use the Get Active Plan (last page) to record what still needs to be done; who is going to make sure the work is done, and when the work needs to be completed. Manage this process and ensure some form of report back to employees of what's been achieved.
- This self-assessment will only look at what you have right now. Plan and commit to conduct another one. Where possible have your employees involved in assisting with this process and compare the outcomes.

Aware365 can help by:

- providing obligation free basic inspection (we will do the assessment with you)
- providing complete health and safety systems to suit your business
- Implementing and monitoring health and safety systems onto businesses
- coaching and mentoring
- customised work method statements

Self-Assessment Checklist

Date:

Business Name:

Location:

Name(s): Position:

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Instructions:

Place a in one or more below. Not all sections will apply to your business or undertaking.

NOTE: If you are not 100% sure then you should the No

The Program – How safety is controlled

	Yes	No	Not Applicable	Comment (possible solutions or relevant safety details)
Responsibility Is there an identified person who has the responsibility to deal with health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Involvement and consultation Is there a process of involving and consulting with employees on issues affecting their health, safety and welfare? <i>Eg changes to the work area or equipment, purchasing of new equipment, planning of new jobs, review of how jobs are done, manual handling reviews</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does everyone know how to report safety problems and hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buying safe Before buying equipment or machinery, is a check made to make sure the goods are the safest alternative available and have the least manual handling risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Where second hand equipment or machinery is purchased, are copies of maintenance records and replacement schedules always sought? Are checks made that all guards are in place and working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When buying chemicals, are Material Safety Data Sheets (MSDSs) obtained to check which chemicals are the safest alternatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	Not Applicable	Comment (possible solutions or relevant safety details)
Before being used for the first time, are new chemicals checked to make sure their containers are correctly labelled and do you make sure the safety requirements detailed on the MSDS have been put in place? <i>Eg safety instructions for use, personal protective clothing and equipment (PPE), storage, clean-up, and first aid.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you check the noise levels of equipment and machinery purchased or hired to ensure they are less than 85db(A)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Before using new equipment for the first time, do you check to make sure all health and safety requirements have been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees trained in the safe use of any new equipment, machinery or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labour hire				
Is the ability to work safely always checked before hiring any contractors, labour hire staff or other services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Before contractors or labour hire staff begin work, are the health and safety aspects of the job discussed and plans to work safely agreed to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Looking after people (employees and contractors)				
Before they start work, do all employees and contractors get information to keep them safe? <i>Eg site induction, emergency and first aid, who to tell about problems, information about dangers, use of personal protective clothing and equipment (PPE)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there clear instructions so that all tasks can be done safely, written where possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you check to make sure work is not given to people who don't have the right skills or certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are safety issues always looked at before any job starts so that the job is done:				
- in the safest way possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- with the right equipment, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- with the right people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you check that your employees and any contractors are working safely, even if they are off-site or travelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are new and less skilled employees, contractors or labour hire staff adequately supervised to make sure they are working safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all your team leaders and supervisors know what to do to keep their workers safe? <i>Eg hazards, work planning, reducing manual handling risks.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Healthy employees				
Do you know which employees require health checks and do you make sure they are provided? <i>Eg hearing, blood tests, breathing tests.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has everyone who needs immunisations had them? <i>Eg Hepatitis A and B, Tetanus, Tuberculosis, Q Fever.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you make sure workloads do not cause too much stress and tiredness for your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environment – Where do you work

Comment (Use this space to note any issues that relate to your workplace)

Clean, Tidy and comfortable				
Is the workplace clean and tidy? <i>Eg there is a routine for cleaning, rubbish bin emptying and other rubbish removal; rubbish that might catch fire and oily rags are in covered metal containers; equipment and tools not being used are put away; there is no build-up of dust that may explode or catch fire.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there good storage for equipment, tools, samples, stock, ingredients and product? <i>Eg lifting between knees and shoulders only, storage boxes easy to handle, easy access for people and equipment, shelves racking and pallets in good condition.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you checked to make sure nothing can fall onto people? <i>Eg from shelves or raised platforms and scaffolding, stacks can't fall over, no-one can walk under a suspended load.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you made sure that employees are not able to touch hot objects or surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you sure that no-one can be affected by radiation? <i>Eg sun, X-Ray machines. etc</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all pipes labelled, have enough support, and have no leaks, drips or corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you made sure that there aren't any sharp edges or objects sticking out that could harm people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there enough light for people to do each task safely and without eye strain or glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are people protected from noise dangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Is there enough fresh incoming air and ventilation to ensure good air quality? Is air filtered if necessary? <i>Contaminants may include dust, fumes, chemicals and hazardous substances, solvents, steam, vehicle and fork lift exhaust, and asbestos fibres. Consider spray booths, fume hoods and cabinets, welding and cutting areas, photocopier rooms.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the workplace kept at a comfortable working temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are toilets, rest and eating areas of a good standard and away from areas of the workplace which could make people sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are weather and other conditions taken into account before any outdoor work? <i>eg the need for shelter, shade, rest, water, communication, personal protective clothing and equipment (PPE), toilet and eating facilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Around				
Are walkways and stairways always clear and safe? <i>Eg steps and handrails safely in place, anti-slip treads.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there plenty of headroom for people to move around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you made sure people can't slip or trip when they move around? <i>Eg on oil, grease, water, leads, hoses cables.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easy to get in and out of the buildings and worksite(s) safely? <i>eg exits are clearly marked and not blocked.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can people move safely around traffic areas at the workplace? <i>eg walkways clearly marked, vehicles separate from walkways, clear vision at corners.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are vehicle drivers trained, aware of dangers, have safe schedules, and have all loads secure, including anything inside the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How is the job completed is it safe.

Proper Use				
Is the correct equipment always used for each job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all tools, equipment and machinery appropriately guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have operators or tools equipment and machinery been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are stop/start switches clearly marked and in easy reach of an operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Has provision been made to safely store waste off-cuts around machinery and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there adequate work space around machinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are tools, equipment and machinery regularly maintained (in accordance with manufacturers instructions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a process to ensure all tools, equipment and machinery is turned off prior to maintenance and cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does this process ensure the tools, equipment and machinery cannot be turned on by other staff during maintenance and cleaning processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unsafe or faulty				
Is unsafe or faulty tools, equipment or machinery always reported immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is unsafe or faulty tools, equipment or machinery kept out of use until fixed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are health and safety risks considered before any modification or alteration of any tools, equipment or machinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ensuring jobs are safe to complete

What are our dangers?

Have possible dangers and hazards been discussed with employees for each job, including manual handling tasks?

Being safe

Have safety issues which were discussed had action taken to prevent anyone from being injured, including when working off-site or alone?

Are there are instructions or procedures for all work with risks? *Eg with chemicals, equipment, electricity, lifting, etc.*

Other people

Have you made sure that your business cannot affect the safety of other people who enter your workplace or come past it? *eg general public, customers, clients and patients, delivery people, visitors, service personnel.*

Are your employees protected from others with abusive or dangerous behaviour? *Eg customer service standards and training, security, back-up personnel.*

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	Yes	No	Not Applicable	Comment (Use this space to note any issues that relate to your workplace)
Manual handling				
Has training been provided to all necessary employees on				
- how to recognise hazardous manual handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- how to do risk assessments and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- how to find effective solutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you listed all tasks involving hazardous manual handling and decided on realistic timeframes to carry out a risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the risk assessments you have undertaken taken into account the factors of posture, movement, forces, duration, frequency and environmental factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you identified solutions to your areas of hazardous manual handling by considering improvements in the work area, the system of work, the object/s being handled and the equipment to do the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you considered whether there are mechanical aids which could be introduced to assist the process and make work easier and safer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you have not been able to adopt the last two measures to the hazardous manual handling problem, have you provided information, training and instruction to ensure the safety of your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When you introduce a new solution to manual handling do you check that the new solution does not create another problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity				
Are you sure there are no broken electrical plugs, sockets or switches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you sure there are no damaged electrical leads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you made sure that there are no electrical leads on floors or multiple plug adaptors used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have electrical leads and power boards been checked and tagged as safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the location of power lines and cables checked before digging, drilling, use of cranes or other similar work? <i>Eg overhead, underground, underfloor, other side of walls.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure portable ladders are never used near electrical equipment or power lines, unless marked as non-conductive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Chemicals and other dangerous substances – powders, liquids, and gases.				
Is there an up to date list of all chemicals used? <i>Eg cleaning products, paints, solvents, degreasers, petrol, inks, toner, oils, plastics, acids, alkalis, pesticides.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have information about chemicals you use ie a Material Safety Data Sheet (MSDS), which can be obtained free from suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees have access to an MSDS for chemicals they use or are exposed to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all chemicals, medications and containers clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all employees had training and instruction on the safe use, handling, transport and storage of all chemicals they use? <i>Eg acids, caustics, epoxies, phenols, solvents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are washing facilities close to areas where chemicals are used, in case of emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there good airflow and removal of fumes from any area where chemicals are used? <i>Eg exhaust canopy used.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all chemicals, medications and wastes stored correctly? <i>Eg specific storage rooms and cupboards, separation distances, not with other substances that may react, solvents in fire-resistant containers, no smoking or other ignition sources nearby, dip tanks cleaned and maintained.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas cylinders prevented from falling over, away from heat and ignition sources, and not carried in vehicle cabins unless in a vented compartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are empty gas cylinders stored upright in an area clearly marked 'empty cylinders'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is all chemical, medication or waste disposed of correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk of Infection				
Are possible infections prevented				
- from animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- from humans, blood and body fluids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- from waste and rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Spraying				
Do all inside spraying areas use booths which meet Australian Standard (AS4114:1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do only trained people do spraying work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are signs displayed which always warn others of outdoor spraying work? <i>Eg herbicides, pesticides.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the right personal protective clothing and equipment (PPE) always used? <i>Eg gloves, footwear, coveralls, respirators and masks.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welding and cutting				
Is welding and cutting only done by authorised and trained people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is fire and explosion prevented? <i>Eg electrical power shut off when not in use, use of flash shields, fire watcher, protection of flooring that could burn or catch fire, any substances removed completely that could explode, catch fire or produce toxic vapours.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are welding and cutting equipment, cables, and compressed gas cylinders checked for defects, rust and leakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in or entering confined spaces				
Have all confined spaces been identified as per the definition in the Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there strict procedures and permits for entering or working in a confined space? <i>Eg no corrosive or dangerous substances, supply lines cut-off, moving parts locked out, natural or mechanical ventilation, air quality checked, enough lighting, standby person, emergency and rescue procedures and equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do only those trained and with the right equipment enter a confined space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work at heights				
Have all tasks needed to be undertaken at height been identified? <i>Eg access to areas for repair, maintenance, cleaning or inspection, operation and maintenance of equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have appropriate fall prevention methods been put in place <i>Eg guardrails, scaffolds or other temporary work platforms, harness systems.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Self-Assessment Checklist

	Yes	No	Not Applicable	Comment (Use this space to note any issues that relate to your workplace)
What happens If things go wrong				
Emergency procedures				
Are there procedures to cover possible emergencies and cover employees, anyone with mobility difficulties, visitors, clients, patients, children and customers? Eg fire, explosion, chemical spill, flood, medical emergency, machinery accidents, motor vehicle accidents, robbery and hold-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have those in charge or with special duties during emergencies been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are exit and assembly points easy to get to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are evacuation plans on display in a prominent area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do exit doors open easily from inside, including cold store room doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all employees practiced emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is all emergency equipment in place and working? Eg smoke or heat detectors, sprinkler systems, fire extinguishers, duress and other alarms, emergency lighting, fire doors, eye wash and showers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand the requirement to notify Workplace Standards Tasmania immediately in the event of a serious injury or incident? (Workplace Standards Tasmania Helpline 1300 366 322)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid				
Have possible types of injuries been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you assessed whether you need a qualified first aider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you need a qualified first aider, do they have and maintain their qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you keep records of any first aid provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury/illness/incident reporting				
Is a register of injuries in the format required by the Accident Compensation Act 1985 kept and available to all employees? <i>ie name of injured worker, worker's age, worker's marital status, worker's address, time and date of occurrence of injury cause of injury, nature of injury, date of entry.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	Not Applicable	Comment (Use this space to note any issues that relate to your workplace)
Is information in the register of injuries kept confidential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are workers given a written acknowledgement to let them know the business has got their injury/illness report and when you receive their workers' compensation claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have your "If you are injured" poster displayed in an area available to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When something goes wrong, are the causes looked into and actions taken to stop anything similar from happening again, even after reports of pain, strain or sprain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rehabilitation and return to work				
Is there a current worker compensation policy ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all workers know about the workers' compensation and rehabilitation process in this business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the business know when they must appoint a Return to Work Coordinator and do so when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a Return to Work plan for all workers receiving worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are claims for workers' compensation lodged with your Agent within set time frames?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a choice of approved rehabilitation providers for use if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Self-Assessment Checklist

Get Active Plan				
Identified Problem	Action required	Person responsible	Date of action to be completed	Review date & comment
High priority				
Medium priority				

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Get Active Plan

Identified Problem	Action required	Person responsible	Date of action to be completed	Review date & comment
Low priority				