MC Safety

& Compliance Consultancy Services

Marley Carpenter • Principal
Leeton NSW
Riverina & surrounds

WHS Self-Audit Checklist

01 / Workplace details & checklist

Workplace / business

Site / location

Reviewer / role

Review date

How to use: Walk through the workplace and consult workers. Tick one box per item: **Yes**, **No** or **N/A (not applicable)**. If unsure, mark **No** and record what needs checking. Note evidence and reasons for N/A; transfer gaps to the action plan using the item reference.

1. WHS policy & commitment

	Review each prompt for your workplace	Yes	No	N/A
1.1	Is your WHS policy current, signed by senior management and accessible to workers?	☐	☐	☐
1.2	Are WHS duties and safety responsibilities clearly allocated and communicated?	☐	☐	☐
1.3	Are workers consulted on WHS matters and changes that may affect their health and safety?	☐	☐	☐
1.4	Are consultation and issue-resolution arrangements understood, with outcomes recorded as appropriate?	☐	☐	☐
1.5	Are applicable WHS and injury-management notices displayed or otherwise accessible as required?	☐	☐	☐

2. Emergency preparedness

	Review each prompt for your workplace	Yes	No	N/A
2.1	Is the emergency plan current, suited to the site and communicated, with testing and review arrangements?	☐	☐	☐
2.2	Are exits, escape routes, emergency equipment and assembly-point access clear and identified?	☐	☐	☐
2.3	Are fire extinguishers and other fire equipment accessible, with inspection and servicing current as required?	☐	☐	☐
2.4	Are wardens or other emergency roles appointed and trained to suit the workplace and plan?	☐	☐	☐
2.5	Are first aid kits stocked and accessible, with first aid facilities and trained personnel suited to the risks?	☐	☐	☐

Evidence / N/A reasons / notes (include item reference):

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02 / Checklist continued

Tick one status per item. N/A = not applicable; record the reason. Use the item reference in the action plan.

3. Hazard management

	Review each prompt for your workplace	Yes	No	N/A
3.1	Is a current risk register or equivalent record maintained, with controls reviewed for effectiveness?	☐	☐	☐
3.2	Are hazard-reporting and incident-reporting processes understood, with records and follow-up actions kept?	☐	☐	☐
3.3	For high-risk construction work where required, are Safe Work Method Statements (SWMS) prepared, available, followed and reviewed?	☐	☐	☐
3.4	Are hazardous chemicals correctly labelled, safely stored and managed for the site's risks?	☐	☐	☐
3.5	Are current safety data sheets (SDS) readily accessible for hazardous chemicals where required?	☐	☐	☐

4. Plant & equipment

	Review each prompt for your workplace	Yes	No	N/A
4.1	Are plant and equipment guarding and other safeguards suitable, in place and maintained?	☐	☐	☐
4.2	Are pre-start checks, inspections and maintenance completed as appropriate, with defects addressed?	☐	☐	☐
4.3	Are safe isolation and lockout arrangements used before maintenance, cleaning or clearing blockages?	☐	☐	☐
4.4	Are pedestrian and vehicle movements separated or otherwise controlled to suit the site's traffic risks?	☐	☐	☐
4.5	Is electrical equipment inspected, tested and maintained as required for its use, environment and applicable duties?	☐	☐	☐

5. Training & induction

	Review each prompt for your workplace	Yes	No	N/A
5.1	Do workers receive a site-specific induction and information about relevant hazards, controls and emergency procedures?	☐	☐	☐
5.2	Are training and competency records current, including licences or authorisations where required?	☐	☐	☐
5.3	Are contractors inducted, checked for relevant competency and informed of site risks before work starts?	☐	☐	☐
5.4	Are hazardous manual tasks assessed and controlled, with task-specific instruction and training?	☐	☐	☐
5.5	Are bullying and harassment policies, reporting options and response processes communicated and understood?	☐	☐	☐

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03 / Action plan & follow-up

Turn findings into practical next steps.

Record each issue, assign an owner and a due date, then review whether the action worked. Address immediate risks before work continues; use appropriate interim controls while longer-term actions are arranged. A “Yes” response is not proof of legal compliance.

Issue / item ref.	Action / control	Owner	Due date	Review / close-out

Follow-up review date

Reviewed by / sign-off

Important scope note
This checklist is a general self-review starting point, not a complete legal audit, certification or guarantee of compliance. Requirements vary with the workplace, work activities, risks and jurisdiction. Confirm current applicable duties and seek professional advice where needed.

Need help reviewing the findings?

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