

SECTION HR 14

MUNICIPAL HEALTH AND SAFETY POLICY

ANNEXURE F

HEALTH AND SAFETY REPRESENTATIVE: MONTHLY INSPECTION REPORT

(NOSA Form 5.40.01.01 - November 1993)

Health & Safety Representative _____
Workplace/Section of Workplace _____
Date of Inspection _____
Inspection No. _____

The following safety hazards were observed by me and have been brought to the attention of the Employer/Designated person. This report should, if necessary, be read in conjunction with the NOSA Safety System booklet.

I, the employee/Designated Person,

have considered the observations by the Health & Safety Representative, and the steps as set out below have been / will be taken to correct or to minimize the safety hazards at the workplace / section of the workplace.

OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
1.00	<u>Premises & Housekeeping</u>		
	<u>Buildings and Floors</u>		
	<input type="checkbox"/> Buildings damages		
	<input type="checkbox"/> Floor damaged / dirty		
	<input type="checkbox"/> Other		
1.12	<u>Lighting</u>		
	<input type="checkbox"/> Lights out		
	<input type="checkbox"/> Insufficient / glare		
	<input type="checkbox"/> No routine inspection		
1.13	<u>Ventilation</u>		
	<input type="checkbox"/> Natural / Inadequate		
	<input type="checkbox"/> Mechanical / Inadequate		
	<input type="checkbox"/> Other		
1.14	<u>Plant Hygiene</u>		
	<input type="checkbox"/> Unhygienic toilets / urinals		
	<input type="checkbox"/> Unhygienic canteen / kitchen		
	<input type="checkbox"/> Unhygienic changerooms / lockers, etc		
1.15	<u>Pollution</u>		
	<input type="checkbox"/> Inadequate disposal / collection		
	<input type="checkbox"/> No routine checks		
	<input type="checkbox"/> No decontamination		
1.21	<u>Aisles and Storage</u>		
	<input type="checkbox"/> No demarcation / worn		
	<input type="checkbox"/> Cluttered / obstructed		
1.22	<u>Stacking and Storage</u>		
	<input type="checkbox"/> Unsafe		
	<input type="checkbox"/> Obstructs flow and services		
	<input type="checkbox"/> Insufficient racks / cupboards		

OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
1.23	<u>Factory and Yard</u> <input type="checkbox"/> Redundant material - factory <input type="checkbox"/> Redundant material - yard <input type="checkbox"/> Untidy		
1.24	<u>Scrap Removal System</u> <input type="checkbox"/> Insufficient bins / lids <input type="checkbox"/> Inadequate removal <input type="checkbox"/> Other		
1.25	<u>Colour Coding</u> <input type="checkbox"/> None <input type="checkbox"/> Non-uniform code <input type="checkbox"/> No maintenance		
2.00	<u>Mechanical, Electrical & Personal Safeguarding</u>		
2.11	<u>Machine Guarding</u> <input type="checkbox"/> No guards <input type="checkbox"/> Loose, broken or inadequate <input type="checkbox"/> Inside hip points		
2.12	<u>Lock-out System / Usage</u> <input type="checkbox"/> Switches not lockable <input type="checkbox"/> Lock not available <input type="checkbox"/> No procedure		
2.13	<u>Labelling of Switches / Valves</u> <input type="checkbox"/> Not identified <input type="checkbox"/> Not on register <input type="checkbox"/> Defective items and storage		
2.15	<u>Lifting Gear and Records</u> <input type="checkbox"/> Equipment not identified <input type="checkbox"/> Not on register <input type="checkbox"/> Defective items and storage		
2.16	<u>Compressed Gases</u> <input type="checkbox"/> No pressure vessel register <input type="checkbox"/> Safety valve not locked or sealed / no red line on pressure guage <input type="checkbox"/> Cylinders incorrectly stored/secured/ pressure guages		
2.17	<u>Chemicals: Radio-Active Material</u> <input type="checkbox"/> High risk chemicals not identified <input type="checkbox"/> No procedure purchase / use <input type="checkbox"/> Radio-active source not locked / identified		
2.18	<u>Motorised Vehicles</u> <input type="checkbox"/> No daily check <input type="checkbox"/> Defective items <input type="checkbox"/> Inadequate driver training		
2.21	<u>Portable Electrical Equipment</u> <input type="checkbox"/> Not identified <input type="checkbox"/> Not on register <input type="checkbox"/> Damaged cables / plugs <input type="checkbox"/> No earth / Wrong polarity		
2.22	<u>Earth Leakage</u> <input type="checkbox"/> Incomplete protection <input type="checkbox"/> No tests		

OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
2.23	<u>Electrical Installations</u> <input type="checkbox"/> Installations unsafe <input type="checkbox"/> Open conductors <input type="checkbox"/> Earthing / Polarity		
2.30	<u>Hand Tools</u> <input type="checkbox"/> No routine check <input type="checkbox"/> Defective tools <input type="checkbox"/> Other		
2.31	<u>Ergonomics</u> <input type="checkbox"/> Valves/switches/levers not accessible <input type="checkbox"/> Uncomfortable positions <input type="checkbox"/> Seats / chairs in poor condition		
2.41	<u>Head Protectors</u> <input type="checkbox"/> Are not identified <input type="checkbox"/> No hard hats / not serviceable <input type="checkbox"/> Not being worn		
2.42	<u>Eye Protectors</u> <input type="checkbox"/> Are not identified <input type="checkbox"/> No eye protection / not serviceable <input type="checkbox"/> Not being worn		
2.43	<u>Foot Protectors</u> <input type="checkbox"/> Not provided where required <input type="checkbox"/> Not worn where required <input type="checkbox"/> Inadequate		
2.44	<u>Protective Clothing</u> <input type="checkbox"/> Suitable clothing required <input type="checkbox"/> Not provided where required <input type="checkbox"/> Clothing worn dirty / unserviceable		
2.45	<u>Respiratory Equipment</u> <input type="checkbox"/> Not provided where required <input type="checkbox"/> Not worn where provided <input type="checkbox"/> Equipment dirty/unserviceable/cartridges old		
2.46	<u>Hearing Conservation</u> <input type="checkbox"/> Area noisy <input type="checkbox"/> Noise area not identified <input type="checkbox"/> Hearing protectors not provided / worn		
2.47	<u>Safety Harness</u> <input type="checkbox"/> None provided <input type="checkbox"/> Unserviceable <input type="checkbox"/> Not numbered/on register/checked		
2.48	<u>Hand Protection</u> <input type="checkbox"/> Not provided <input type="checkbox"/> Inadequate / unserviceable <input type="checkbox"/> Provided but not worn		
2.49	<u>Personal Protective Equipment</u> <input type="checkbox"/> No issue control <input type="checkbox"/> Equipment unserviceable <input type="checkbox"/> No training / instructions		
2.50	<u>Notice / Symbolic Safety Signs</u> <input type="checkbox"/> No notice/signs <input type="checkbox"/> Not standard <input type="checkbox"/> No maintenance		

In accord with accepted safety practices, I wish to bring the following deviations to the attention of the Employer / Designated Person.		Even though the deviations noted by the Health & Safety Representative as listed below may not constitute health and safety hazards in terms of the Occupational Health & Safety Act, 1993	
Health and Safety Representative		the Employer/Designated Person nonetheless undertake to implement the corrective steps as indicated hereunder.	
OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
4.00	<u>Incident / Accident Recording & Investigation</u>		
4.11	<input type="checkbox"/> No official record (Annexure 2) <input type="checkbox"/> Incidents not reported to authorities <input type="checkbox"/> Minor injuries not recorded		
4.12	<u>Internal Incident Reporting & Investigation (Injury)</u> <input type="checkbox"/> Injuries not being reported <input type="checkbox"/> Incidents not being investigated <input type="checkbox"/> Corrective steps not taken		
4.13	<u>Injury / Disease Statistics</u> <input type="checkbox"/> Not available / displayed <input type="checkbox"/> No analysis <input type="checkbox"/> No progressive statistics		
4.14	<u>Internal Incident Reporting & Investigation (Damage)</u> <input type="checkbox"/> Damage incidents not reported <input type="checkbox"/> Incidents not being investigated <input type="checkbox"/> Corrective steps not taken		
4.15	<u>Accident / Incident Statistics</u> <input type="checkbox"/> Not available / displayed <input type="checkbox"/> No cost analysis <input type="checkbox"/> No progressive statistics		
4.22	<u>Insurance Allocating Costs</u> <input type="checkbox"/> Assessments/claims/rebates not advised <input type="checkbox"/> Expected rebate not advised		
4.23	<u>Incident Recall</u> <input type="checkbox"/> Not included in safety talks <input type="checkbox"/> No reports <input type="checkbox"/> No record of accidents		
5.00	<u>Health and Safety Organisation</u>		
5.10	<u>Manager(s) Responsible for Safety</u> <input type="checkbox"/> Chief Executive designated <input type="checkbox"/> Subordinate managers designated <input type="checkbox"/> Managers active in the programme		
5.11	<u>Person(s) responsible for Health/Safety and Hygiene Co-ordination</u> <input type="checkbox"/> Duties and responsibilities defined <input type="checkbox"/> Giving advice on safety/hygiene		
5.12	<u>Designation: Health & Safety Rep.</u> <input type="checkbox"/> Designation acceptance in writing <input type="checkbox"/> Monthly inspections <input type="checkbox"/> No recording of inspections		

OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
5.13	<u>Health and Safety Communications</u> <input type="checkbox"/> Committees not consulted <input type="checkbox"/> No regular meetings <input type="checkbox"/> No minutes kept		
5.14	<u>On-the-Job Safety Communications</u> <input type="checkbox"/> No identification of dangerous tasks <input type="checkbox"/> No job procedures or job outline prepared <input type="checkbox"/> No small group activities		
5.15	<u>First-Aider and Facilities</u> <input type="checkbox"/> First aid room/boxes inadequate <input type="checkbox"/> No qualified first-aiders <input type="checkbox"/> Insufficient first-aiders		
5.16	<u>First-Aid Training</u> <input type="checkbox"/> No training <input type="checkbox"/> Too few trained		
5.21	<u>Poster Programme, Bulletins</u> <input type="checkbox"/> No poster programme / inadequate <input type="checkbox"/> No bulletin / newsletters <input type="checkbox"/> No films/insufficient <input type="checkbox"/> No internal competitions		
5.22	<u>Notice Board: Injury Experience</u> <input type="checkbox"/> No board <input type="checkbox"/> Not kept up to date		
5.23	<u>Suggestion Scheme</u> <input type="checkbox"/> No scheme/records <input type="checkbox"/> Inadequate recognition		
5.24	<u>Safety Reference Library</u> <input type="checkbox"/> No library <input type="checkbox"/> Not publicised		
5.25	<u>Annual Report / Safety Records</u> <input type="checkbox"/> Not in annual reports <input type="checkbox"/> Not in internal reports		
5.30	<u>Induction and Job Instruction</u> <input type="checkbox"/> No induction / inadequate <input type="checkbox"/> No rule books <input type="checkbox"/> No follow-up		
5.31	<u>NOSA Health & Safety Training Course</u> <input type="checkbox"/> Health & Safety representatives not trained <input type="checkbox"/> No team leader health & safety training <input type="checkbox"/> Insufficient number trained		
5.32	<u>Medical Examinations</u> <input type="checkbox"/> No pre-employment examination <input type="checkbox"/> No man-job specification <input type="checkbox"/> No routine checks		
5.33	<u>Selection and Placement</u> <input type="checkbox"/> No job description <input type="checkbox"/> No tests/interviews <input type="checkbox"/> No man-job specification		
5.40	<u>Plant Inspection</u> <input type="checkbox"/> No inspection by health & safety rep. <input type="checkbox"/> Inspection reports not recorded <input type="checkbox"/> No follow up by employer/health & safety committee		

OBSERVATION (For more detailed description use reverse side)		STEPS TAKEN / TO BE TAKEN	Completed By
5.41	<u>Self Audits</u> <input type="checkbox"/> No management audit team <input type="checkbox"/> No checklist <input type="checkbox"/> No follow-up		
5.42	<u>Health & Safety Specifications</u> <input type="checkbox"/> No purchasing/construction specifications <input type="checkbox"/> No pre-commissioning/pre-acceptance checks <input type="checkbox"/> No contractor control		
5.50	<u>Written Safe Work Practices</u> <input type="checkbox"/> Hazardous jobs not identified <input type="checkbox"/> No job analysis done <input type="checkbox"/> No written practices and procedures		
5.51	<u>Planned Job Observation</u> <input type="checkbox"/> No written practices and procedures avail. <input type="checkbox"/> No training <input type="checkbox"/> No follow-up		
5.52	<u>Work Permits</u> <input type="checkbox"/> Where required not identified <input type="checkbox"/> No work permits <input type="checkbox"/> Permits not signed by responsible person		
5.60	<u>Off the Job Safety</u> <input type="checkbox"/> Accidents not recorded <input type="checkbox"/> No analysis <input type="checkbox"/> No propaganda used		
5.61	<u>No Published Policy</u> <input type="checkbox"/> Not publicised <input type="checkbox"/> No management involvement		
Any item no detailed / General comments			
Health & Safety Representative		Employer / Designated Person	
Date		Date	

Chairman: Health & Safety Committee

Date