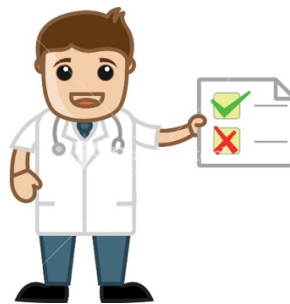
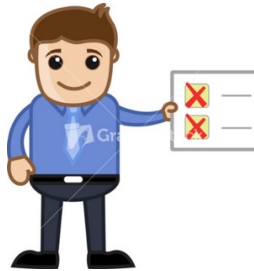




Church Health & Safety Checklists



Health & Safety Checklists

Personal Protection Equipment

- Chainsaw Use
- Ride on Mower
- Weed Spraying
- Water Blasting
- Hand Tools
- Chainsaw
- Ride on Mower
- All Terrain Vehicle
- Mountain Bike
- Vehicle Checklist
- Visitor Checklist
- Kayak
- Hazardous Substances
- Playground Equipment



Personal Protection Equipment (PPE)

Checklists





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Personal Protection Equipment Checklist

Equipment / Work Type	PPE Requirement	Present / Available ✓ <i>Appropriate Box</i>	Used or not Used ✓ <i>Appropriate Box</i>	Condition Comment
Chainsaw Use (Note Chainsaw SOP)	Chaps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Helmet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Earmuffs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Steel Capped Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hi Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sun Screen Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By: Name:

Date:



Personal Protection Equipment Checklist

Equipment / Work Type	PPE Requirement	Present / Available ✓ <i>Appropriate Box</i>	Used or not Used ✓ <i>Appropriate Box</i>	Condition Comment
Mower (Note Mower SOP)	Earmuffs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Overalls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Steel Capped Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hi Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sun Screen Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By: Name:

Date:



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Personal Protection Equipment Checklist

Equipment / Work Type	PPE Requirement	Present / Available ✓ <i>Appropriate Box</i>	Used or not Used ✓ <i>Appropriate Box</i>	Condition Comment
Weed Spraying	Overalls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gumboots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Breathing Mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hi Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By: Name:

Date:



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Personal Protection Equipment Checklist

Equipment / Work Type	PPE Requirement	Present / Available ✓ <i>Appropriate Box</i>	Used or not Used ✓ <i>Appropriate Box</i>	Condition Comment
Hand Tools (Note Hand Tools SOP)	Protective Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hi Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hearing protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>For Personal Safety Ensure</i>	<ul style="list-style-type: none">• Tool not Modified to Likely Compromise User Safety <input type="checkbox"/> Yes <input type="checkbox"/> No• Use Tool Only for intended purpose <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection By: Name:

Date:



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Personal Protection Equipment Checklist

Equipment / Work Type	PPE Requirement	Present / Available ✓ <i>Appropriate Box</i>	Used or not Used ✓ <i>Appropriate Box</i>	Condition Comment
Water Blasting	Wet Weather Gear	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gumboots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Safety Lines & Harness for at Height Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hi Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By:

Name:

Date:



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Equipment Safety Checklist



2020



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Equipment Safety Checklist

Equipment	Requirement	Checked ✓ <i>Appropriate Box</i>	Condition Comment
Chainsaw (Note Chainsaw Safe Operating Procedure)	Ensure machine is clean to enable to see loose or worn parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check for fuel leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check chain brake for effectiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all guards are in place and secure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check condition of anti-vibration mountings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure Chain is sharp and correctly tensioned	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure bar is locked in working position	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure oiling system is functioning correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Machine Safety	<ul style="list-style-type: none">• Don't use a faulty saw• Never use a chainsaw above shoulder height• Avoid drop starting the chainsaw• Allow the saw to cool before refueling• Always use appropriate PPE when using a Chainsaw		

Inspection By:

Name:

Date:



Equipment Safety Checklist

Equipment	Requirement	Checked ✓ <i>Appropriate Box</i>	Condition Comment
Ride on Mower (Note Ride on Mower Safe Operating Procedure)	Ensure machine is clean to enable to see loose or worn parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check for fuel or oil leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure seatbelt, if fitted, is in sound condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all guards are fitted, secure and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure cutting blades are sharp, secure and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all hydraulic mechanisms are in sound condition & operating as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure pneumatic mechanisms are in sound condition and operating as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all electrical switches are functioning as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure drive belts are in good order and correctly tensioned	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Machine Safety	<ul style="list-style-type: none">• Ensure machine is driven, taking into account, terrain, weather conditions and other impacting factors• Use appropriate PPE when operating this type of machine		

Inspection By:

Name:

Date:



Equipment / PPE Safety Checklist

Equipment	Requirement	Checked ✓ <i>Appropriate Box</i>	Condition Comment
All Terrain Vehicle (Note ATC / SOP)	Ensure machine is clean to enable to see loose or worn parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check Manufacturer warning labels	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check condition of tyres and tread	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all guards are fitted, secure and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check brakes, operational control cables, fuel lines, transmission, electrics, all operating as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure all hydraulic mechanisms are in sound condition & operating as intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Approved Helmet Hi-viz jacket	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Work style boots with anti-slip soles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ATV / PPE	Eye protection gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Machine Safety <ul style="list-style-type: none"> • Extra care when using in adverse weather or difficult terrain conditions. Consider driver experience (take a cell-phone for safety) • Never carry passengers unless in special circumstances • Only ATVs in safe working condition shall be operated 		

Inspection By:

Name:

Date:



Mountain Bike Safety Checklist



2020



Mountain Bike Safety Checklist

√ <i>for Pass</i> - Mountain Bike Inspection Coverage - X <i>for Fail</i>									
Identification	Tyres	Brakes	Pedals	Saddle	Wheels	Bars+Stem	Chain	Axels	Derailleurs
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Inspected By:

Name:

Date:



Kayak Safety checklist





Equipment Safety Checklist

Equipment	Requirement	Checked ✓ <i>Appropriate Box</i>	Condition Comment
Kyack)	Ensure kayaks are cleaned after use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Not cleaned by any corrosive liquids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check each kayak for scratches, bumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check that all fittings are in place and not damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paddles	Ensure paddles are not damaged and in good working order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lifejackets	Check that all life jackets are accounted for and not damaged in any way	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paddles	Ensure all kayaks are clearly numbered, stored carefully in their individual racks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Paddles stored free from any likely damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lifejackets	Ensure life jackets are stored in areas that will prevent deterioration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	All kayaks and associated equipment housed in secure premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	No corrosive compounds or liquids stored in the same compartment as kayaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By: Name:

Date:



Hazardous Substances Storage, Use & Disposal Safety Checklist





Hazardous Substances

Storage, Use & Disposal Safety Checklist

Equipment Product	Requirement	Checked ✓ <i>Appropriate Box</i>	Condition Comment
Hazardous Substances	Ensure All Hazardous Substances are stored in secure premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	All products stored to avoid tipping or spilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	All products to be stored with compatibility requirements followed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	List of Hazardous products in secure facility listed and displayed prominently List updated to show product use and additional supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage Use Disposal	Ensure that containers do not deteriorate to enable product spillages from containers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dispose of unwanted or deteriorating product as per manufacturer guidelines or In line with local Council disposal rules	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure facility is under the direction of a Certified Hazardous Substance Handler	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ensure Storage facility is ventilated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Storage facility is marked as a Hazardous Substance storage facility by suitable warning signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection By: Name:

Date:



Playground Equipment Safety Checklist



2020

Equipment Safety Checklist

Playground Equipment	Requirement	Checked ✓ <i>Appropriate Box</i>				Condition Comment
Ground Surfacing	Material Depth (300mm)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check high use areas	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check for foreign objects	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Platforms/frames structures	Any physical damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Any missing parts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Any cracked components	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	No exposed nails /screws	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Ropes, nets chains, cables	Check for ware in equipment & connections	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Swings	Smooth action	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check for fittings wear	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	no seat damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Slides	Check for damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
No foreign objects on slide or side surfaces	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Rotating items	Smooth and controlled rotation action	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Rocking items	Smooth action	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	no damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Flying fox monorails hanging bars	Check trolley operation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check end stops	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check track for wear	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Check bars for sideways movement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Access/ramps	Not slippery or have tripping hazards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Sandpits	Water & drainage issues	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Available / type	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Shade	Access paths free from hazards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Rubbish facilities available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Fencing, edging materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
General Layout						

Inspection By: Name:

Date: