	ALL-IN-ONE SAFETY CHECKLIST			Page **1** of **2**
	Department.	**Document Ref. No.**	**Issue Date**	**Checklist No.**

Project/Facility Name:							
Finance Code:				Project Code:			
Made:							
Company	☐	Contractor	☐	Sub-Contractor	☐	Others:	

Note: Write Yes, No or N/A in the given box and if some comments, mention in the remark's column.

Ref:	Description	Remarks			Remarks
		Yes	No	N/A	
1.	Have you received proper health and safety training for the job you do?	☐	☐	☐	
2.	Do you ask questions if you are in doubt?	☐	☐	☐	
3.	Do you inspect your work area and your machinery or tools before you start work?	☐	☐	☐	
4.	Do you wear the correct personal protective equipment for each aspect of your job?	☐	☐	☐	
5.	Have you been trained in the correct way to select, fit, maintain, inspect, and use your PPE?	☐	☐	☐	
6.	Do you avoid the hazards of electricity by understanding its dangers and by treating it with respect?	☐	☐	☐	
7.	Do you know more than one way to escape from your work area in case of fire or any other emergency, and could you find these exits right now if you had to do so in the low light, darkness or in the smoke?	☐	☐	☐	
8.	Do you know the location of the fire alarm break glass unit in the area where you are working?	☐	☐	☐	
9.	Do you know where to find a fire extinguisher near your workstation?	☐	☐	☐	
10.	Do you know how to use it and which kind to use on various types of fires?	☐	☐	☐	
11.	Do you know how to report a fire or any emergency in your work area?	☐	☐	☐	
12.	Do you make correct use of guards on machinery and tools?	☐	☐	☐	
13.	Do you accurately understand the consequences and or outcomes of tampering with them or removing them?	☐	☐	☐	
14.	Do you practice good housekeeping by keeping your work area clean and orderly, free of scrap, spills, and other hazards?	☐	☐	☐	
15.	Do you put your tools and or equipment safely and carefully away after you use them?	☐	☐	☐	

16.	Do you understand the lockout and tag-out procedures for any equipment in your work area? This would also include isolating energy sources such as electricity, steam, hydraulics, or compressed air.	☐	☐	☐	
17.	Are you aware of the hazardous chemicals and gases which you work with or that you may encounter in your workstation?	☐	☐	☐	
18.	Do you know how to protect yourself and your buddies/co-workers against them?	☐	☐	☐	
19.	Do you know how to find and use safety showers and eyewash stations?	☐	☐	☐	
20.	Do you understand the dangers of entering a confined space?	☐	☐	☐	
21.	Do you know how to lift safely and protect your back in your job?	☐	☐	☐	
22.	Do you avoid slips and falls by eliminating hazards and wearing safe footwear?	☐	☐	☐	
23.	Do you drive defensively, and always wear your safety belt?	☐	☐	☐	
24.	Do you keep yourself physically and mentally fit – and healthy – so that you will be able to work safely?	☐	☐	☐	
25.	Hopefully, you answered “YES” to all the questions. In case you answered “NO”, think of ways you can improve your health and safety checklist score.	☐	☐	☐	