

SELF AUDIT FORM

Full Name *

Email *

Phone

1. YOUR BUSINESS

1-A. What is the primary nature of your business? *

1-B. What is your company name? *

1-C. What is your street address? *

1-D. How many employees? * 0-10 11-19 20-39 40+

2. YOUR PREMISES

2-A. What size is the building? *

Small Warehouse (1 to 1000 sqm)

Medium Warehouse (1000 to 5000 sqm)

Large Warehouse (5000+ sqm)

Other _____

2-B. How many street entrances to your site? *

2-C. How many common entrances to the office? *

2-D. How many common entrances to the warehouse? *

2-E. How many roller doors? *

3. FACILITIES

3-A. How many kitchen / lunch areas do you have?

3-B. How many bathrooms do you have?

Male

Female

Unisex

Accessible

4. DANGEROUS GOODS

4-A. Do you store dangerous goods / chemicals / gases onsite? Yes No

5. FIRE SAFETY

5-A. How many fire extinguishers do you have?

In the Office Area

In the Warehouse

5-B. How many fire hose reels do you have?

5-C. How many fire wardens do you have?

5-D. How many fire exit doors do you have?

6. FORKLIFT SAFETY

6-A. Do you have a forklift onsite? Yes No

6-B. How many?

7. MACHINERY SAFETY

7-A. What machinery do you have in your warehouse?

Machine Name

8. FIRST AID

8-A. Do you have a designated first aid officer? Yes No

8-B. Do you have a first aid room? Yes No

8-C. How many emergency assembly areas do you have?

8-D. How many first aid kits do you have onsite?

In the Office

In the Warehouse

9. SITE VISITORS

9-A. Do you have any site rules that apply to any visitors ?

9-B. Is there any PPE that is a requirement for site?

10. OTHER

9-A. Do you have any site rules that apply to any visitors ?