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## Workplace Inspection Guideline

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### 1. Purpose

The WA Country Health Service (WACHS) is committed to providing a safe place of work for its employees, contractors, and visitors. This document has been designed to provide guidance for Managers, Health and Safety Representatives (HSRs), workers and those responsible for WACHS sites on the workplace inspection process at WACHS. It may assist in meeting their responsibilities and duties under the [Work Health Safety Act 2020](#) (the Act). It should be used as guidance in conjunction with other Work Health and Safety (WHS) resources.

The purpose of workplace inspections is to identify workplace hazards and ensure known safety risks are monitored and controlled adequately.

The workplace inspection process applies to all WACHS owned and occupied locations, where work duties are conducted.

This document addresses:

- what workplace inspections are
- who undertakes workplace inspections
- how frequently workplace inspections are undertaken
- workplace inspection schedules
- how to manage corrective actions.

### 2. Guideline

#### 2.1 What are Workplace Inspections?

A workplace inspection is the process of regularly checking important safety controls for known risk areas in the workplace. Workplace inspections are an essential tool to aid the identification, assessment, investigation, control, and evaluation of hazards in the workplace. The inspection process must involve a site walk through of the department by the manager and/or HSR to ensure the requirements of each inspection checklist are visually checked and completed.

This may include a physical inspection and investigation of:

- the physical workplace
- the equipment, plant and materials used
- the work practices employed
- any other factor(s) that may have an influence on the safety and health of employees.

## 2.2 Who is involved in Workplace Inspections and when are they conducted?

The following table identifies types of workplace inspection templates, the positions involved in conducting workplace inspections, and the minimum frequency of workplace inspections.

Inspection templates	Examples of Workplace use of template	Who	Minimum Frequency
<b>Administration</b>	Used for a corporate office setting or a setting which consists of mainly administration areas but may include a clinical treatment room.	<ul style="list-style-type: none"> <li>• Site Responsible Person or delegated Manager / Supervisor</li> <li>• HSRs</li> <li>• Other relevant WACHS staff</li> </ul>	Quarterly
<b>Clinical Setting</b>	Used for hospitals including wards, EDs and theatres.		
<b>Grounds, Gardens and Maintenance</b>	Used for Supply, Maintenance, Engineering, Facility departments, work sheds, grounds and gardens.		
<b>Remote Area Clinic and Nursing Post</b>	Used for all Remote Area Clinics and Nursing Posts.		
<b>Kitchen and Laundry</b>	This template can be used for any kitchen or laundry areas.		

Site / department variations to the above workplace inspection frequencies are to be supported by a documented risk assessment and approved by both the site responsible person and the Regional WHS department.

Links to these documents can be found under Related Forms in [Section 8: Document Summary](#).

## 2.3 Workplace Inspection Schedules

Regional WHS departments have consulted with relevant sites / departments and have documented a Workplace Inspection Schedule. Workplace Inspections (WPI) are deemed completed when Inspection checklists and Safety Improvement Action Plans (SIAP) are lodged with the WHS Department according to the site/region's preferred method e.g., internal mail / WHS noticeboard / email. Completion rates of scheduled Workplace Inspections are recorded in quarterly WHS report and on a centralised data collection tool for WACHS wide collation and reporting.

## 2.4 Risk Assessment of Identified Hazards

### Assessing the Risk

Use the DoH [Corporate Risk Matrix 2019](#) to assess the risk of the event:

Risk Level Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very Likely
Consequences	5 Catastrophic	Medium	High	High	Extreme	Extreme
	4 Major	Low	Medium	High	High	Extreme
	3 Moderate	Low	Medium	Medium	High	High
	2 Minor	Low	Low	Medium	Medium	High
	1 Insignificant	Low	Low	Low	Low	Medium

Likelihood Rating	Time Scale
1 <b>Rare</b>	Once in more than 10 years
2 <b>Unlikely</b>	Once in 5 to 10 years
3 <b>Possible</b>	Once in 3 to 5 years
4 <b>Likely</b>	Once in 1 to 3 years
5 <b>Very Likely</b>	More than once per year

Consequence Rating	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
<b>Health Impacts</b>	First Aid or equivalent only.	Routine medical attention. Up to 1 week incapacity/time lost. No disability.	Increased level of medical attention required. 1 week to 1 month incapacity/time lost. No significant permanent disability.	Severe health crisis and/or injuries. Prolonged incapacity or absence for more than 1 month. Significant permanent disability.	Death or permanent total disability.

Source: Risk Assessment Tables for WA Health System (October 2019)

## 2.5 Risk Controls

The controls and corrective actions following the completion of the WPI. The hierarchy of controls ranks control options from highest level of protection to the lowest, as follows:

- **Eliminate** - can the hazard be eliminated completely?
- **Substitution** - can the hazard be replaced?
- **Engineer Controls** - can the hazard be isolated either by removal to another area, or by placing a physical barrier around it?
- **Administrative Controls** - are training, procedures and signage required?
- **Personal Protective Equipment (PPE)** - what PPE is necessary?

The aim of implementing risk control measures is to reduce the risk to a level that is as low as reasonably practicable. Multiple levels of controls may need to be implemented to further reduce the risk.

## 2.6 How to manage corrective actions

**Negotiate and Plan:** When immediate risk control measures are not feasible, the manager and HSR (Health and Safety Representative) should collaborate to determine an acceptable approach and timeframe for implementing risk controls. Temporary controls may be used until more effective controls can be established. All planned and temporary controls should be documented in the SIAP.

**Responsibility:** The relevant area manager is accountable for executing corrective actions. This includes reporting identified hazards, such as faulty equipment, to other relevant departments (e.g., facilities or the site engineering department) for action.

**Documentation:** The manager or HSR should send the completed workplace inspection checklist and SIAP to the appropriate WHS department for record keeping. These documents may also be presented at the next WHS committee meeting.

**Elevating Unresolved Issues:** If hazards identified during a workplace inspection cannot be resolved at the departmental level, the HSR is responsible for bringing these concerns to the attention of the relevant WHS Committee during meetings.

**Reporting:** Unresolved actions are reported in Quarterly WHS Reports according to risk rating and levels of risk.

By following these steps, corrective actions are managed effectively to enhance workplace safety and address identified hazards.

## 2.7 Additional Inspections

In addition to the scheduled inspections, there are other times when a HSR can inspect the workplace or any part of it. These include:

- when inspections have not been conducted in the allocated timeframes
- where there have been substantial changes to the workplace
- where there has been a serious incident or there is a risk of imminent and serious harm or injury to any worker, or
- when a worker has advised of a newly identified risk/hazard not previously captured via workplace inspections.

In these events, workplace inspections will be completed promptly by the manager and HSR to identify any potential new hazards arising and establish appropriate risk control measures.

### 3. Roles and Responsibilities

The **Manager** is responsible for:

- participating in the completion of WPI on a quarterly basis
- completing the relevant Workplace Inspection Template in collaboration with the HSR
- investigating the identified hazards and consult with staff on controls and corrective actions to eliminate the hazards identified
- reporting 'High or Extreme' risk hazards to the Regional Work Health and Safety Security Manager (RWHSSM) for escalation to the Regional Executive Director. They are also to be reported to the nominated WHS Committee in your region.
- implementing controls/corrective actions (with HSR/delegate staff member)
- forwarding completed SRRF(s) to the Regional WHS department and a copy of the SIAP for tabling at the next WHS Committee meeting as a standing agenda item
- providing timely updates regarding status of corrective actions for identified risks / hazards to workers and the WHS department to close the feedback loop

The **Health and Safety Representative** is responsible for:

- participating in workplace inspections
- completing the relevant Workplace Inspection Template
- completing the SIAP
- recording all identified hazards (from the inspection) that cannot be immediately rectified on the SIAP and a SRRF
- consulting with workers around the controls and corrective actions
- investigating and resolving the identified hazards, implementing controls and corrective actions with managerial support
- marking inspections as complete on the schedule and retaining an electronic copy for auditing purposes

The **Regional Health and Safety Committees** are responsible for:

- ensuring compliance with inspection guide and frequency
- assisting with any investigation requests
- providing support to new HSRs regarding required inspection actions.

### 4. Monitoring and Evaluation

#### 4.1 Monitoring

Completed workplace inspections must be submitted to the Regional WHS department for review and record keeping. Monitoring compliance with this procedure is to be managed by the Regional WHS Consultant.

#### 4.2 Evaluation

Evaluation of this guideline is determined by the effectiveness of the inspection checklists provided, the management of corrective actions and long term reporting trends on completed WPIs.

At a minimum this guideline will be reviewed every five years by a broad consultative approach by the WHS team.

## 5. Compliance

This procedure is a mandatory requirement under the [Work Health Safety Act 2020](#).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

## 6. References

DOH [Corporate Risk Matrix 2019](#)

## 7. Definitions

Term	Definition
<b>Causal Factors</b>	Any behaviour, omission, or deficiency that if corrected, eliminated, or avoided, probably would have prevented the incident.
<b>Hazard</b>	A source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these.
<b>Health and Safety Representative (HSR)</b>	Health and Safety Representatives are elected by co-workers to represent them in consultation about health and safety matters with the employer as per s.60 of the Act.
<b>Incident</b>	An Incident is an event that during the course of undertaking work-related duties resulted in or could have resulted in injury or disease. This includes Near Miss Incidents.
<b>Investigation</b>	A systematic examination of an event and its cause or contributing factors.
<b>Near Miss Incidents</b>	An incident which has occurred where no personal injury/illness, property or environmental damage actually occurred, but given a slight shift in time or position, could have occurred.
<b>Notifiable Work Related Injury</b>	A work-related death, injury or disease required to be reported to WorkSafe WA as a requirement of the Act.
<b>Risk</b>	The likelihood and consequence of an injury or harm occurring.
<b>System Failure</b>	Systematic processes that fail to manage the task, activity, process, or problem safely.

## 8. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	All workers
<b>Records Management</b>	Non Clinical: <a href="#">Records Management Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Work Health Safety Act 2020</a> <a href="#">Work Health and Safety (General) Regulations 2022</a>
<b>Related Mandatory Policies / Frameworks</b>	<a href="#">Work Health and Safety Framework</a>
<b>Related WACHS Policy Documents</b>	<a href="#">Work Health and Safety Policy</a>
<b>Other Related Documents</b>	DOH <a href="#">Corporate Risk Matrix 2019</a>
<b>Related Forms</b>	<a href="#">Workplace Inspection Template – Administration</a> <a href="#">Workplace Inspection Template – Clinical Setting</a> <a href="#">Workplace Inspection Template – Kitchen and Laundry</a> <a href="#">Workplace Inspection Template – Grounds, Gardens and Maintenance</a> <a href="#">Workplace Inspection Template – Remote Area Clinic / Nursing Post</a>
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2715
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.29-1.31, 3.13-3.14, 4.13-4.15, 5.24-5.26, 7.09
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil

## 9. Document Control

Version	Published date	Current from	Summary of changes
1.01	28 December 2023	1 May 2017	Minor review: <ul style="list-style-type: none"> <li>legislative updates</li> <li>template updated</li> <li>Workplace Inspection Templates removed from Associated Resources Library and included in this document as TRIM links.</li> </ul>

## 10. Approval

<b>Policy Owner</b>	Executive Director People Capability Culture
<b>Co-approver</b>	Nil
<b>Contact</b>	Director Work Health Safety Wellbeing
<b>Business Unit</b>	People Capability Culture
<b>EDRMS #</b>	ED-CO-17-24905
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