WORKSAFE CHECKLIST FOR HAZARDOUS SUBSTANCES TRAINING

Checklist: Training for hazardous substances Worker Name: _____

This WorkSafe Checklist is to be used for each worker, where there isn't a similar record or system in place (e.g. induction records etc.), to ensure they have received all the information, instruction and training needed to do their work for the hazardous substances they use or store. This checklist covers specifically the requirements of regulations 4.5.1/2/3b and 4.6 of the Hazardous Substance Regulations. This Checklist should be supported by the appropriate training material, documentation or certificates and is to be made available for inspection upon request.

ITEM CHECK

- ☐ Does the worker know the harm each hazardous substance they use at work can cause?
- ☐ Does the worker know which substances are incompatible and need to be stored separately?
- ☐ Does the worker know how to do the jobs they are given that involve hazardous substances?
- ☐ Does the worker understand the control measures at the workplace to reduce exposure to the substances and keep safe and healthy?
- ☐ Has the worker been provided with the right safety equipment and PPE?
- ☐ Has the worker been trained to use safety equipment and PPE?
- ☐ Is PPE in good repair?
- ☐ Does PPE fit properly?
- ☐ Does the worker know where the SDSs for substances are kept and how to access them?
- ☐ Has the worker been trained to use the SDS?
- ☐ Does the worker know what to do in emergencies involving the substances, for example, a spill?
- ☐ Has the worker been trained to use the first aid equipment to deal with incidents involving hazardous substances, such as splashes?
- ☐ Has the worker had practical experience under direct supervision reflecting the risks associated with the hazardous substances?
- ☐ Does the worker know to ask their supervisor questions if they don't know how to safely use or store a hazardous substance?
- ☐ Do you keep records of worker training and instruction?

Worker / Staff / Employee or Similar Signature: _____

PCBU / Manager / Supervisor or Similar Signature: _____

Date: _____

Workplace / Business Name: _____

Workplace / Business Address: _____