

Form - Access & Egress Checklist

Note: As you work through the checklist, any item indicated as a 'No' will require an action to rectify. Actions should be recorded. Before assigning any actions, ensure that you have contacted the proposed action officer by phone or email. This document is for Office based Assessments only. To be completed every 3 months.

ACCESS AND EGRESS									
	YES	NO	N/A	ACTION TO BE TAKEN					
Do access/egress points allow people to move in a free and unobstructed manner?									
Are there induction arrangements in place to deal with contractors, visitors and personnel new to the site?									
Are measures and facilities in place to prevent people from falling (ie: guardrails, handrails or fall protection)?									
Are footpaths around the workplace in good condition, unobstructed and fee from potholes?									
Do access/egress points allow for personnel with limited mobility?									
Where necessary, do access/egress points have emergency lighting or sufficient lighting when dark?									
Is the flooring at the access/egress point in good condition?									
Are emergency exit points available, unobstructed, and in good condition?									
Do floors and walkways have even surfaces?									
Are floors and hallways cleared of rubbish, materials and equipment?									
Is the walkway free of electrical cords?									



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Are stairs in good repair and fitted with non-skid strips?									
Are handrails available and in good repair?									
Are landings clear of obstructions?									
Are emergency exit stairs adequately lit?									
Are exit doors clearly marked?									
Can exit doors be opened from the inside? Note: Door knobs should be replaced by handles?									
Are wet surfaces covered with non-slip material?									
Are holes in the floor, sidewalk or other walking surfaces repaired properly, covered or otherwise made safe once identified?									
Are spilled materials cleaned up immediately?									
Additional Comments:									
Employee Completing form:	Date:								
Signature:									
Managers name:	Date:								
Managers Signature:									