

# Small Mine Inspection / Audit

<b>Name of site:</b>	
<b>Work area:</b>	
<b>Name of person completing inspection:</b>	
<b>Date:</b>	

If **NO** is ticked, please add a comment at the end of this form.

1. Inspect emergency planning procedures?  
☐ Yes No ☐
2. Inspect housekeeping standards?  
☐ Yes No ☐
3. Inspect the office and toilet facilities?  
☐ Yes No ☐
4. Inspect PPE practices?  
☐ Yes No ☐
5. Inspect mechanical and workshop safety?  
☐ Yes No ☐
6. Inspect electrical safety?  
☐ Yes No ☐
7. Inspect vehicles and traffic safety?  
☐ Yes No ☐
8. Inspect roads and surfaces?  
☐ Yes No ☐
9. Inspect excavations and mining safety?  
☐ Yes No ☐
10. Inspect start-of-day procedures?  
☐ Yes No ☐

11. Inspect hot work procedures?  
☐Yes ☐No
12. Inspect crane operations?  
☐Yes ☐No
13. Inspect confined space procedures?  
☐Yes ☐No
14. Inspect chemical safety?  
☐Yes ☐No
15. Are tags (e.g., Danger and Information) available and being used correctly site-wide?  
☐Yes ☐No ☐N/A
16. Dust levels are low and controlled?  
☐Yes ☐No ☐N/A
17. Fibrous Material is being controlled?  
☐Yes ☐No ☐N/A
18. Has a register of Hazardous Materials been developed?  
☐Yes ☐No ☐N/A
19. Has each work crew been established with a First Aider?  
☐Yes ☐No ☐N/A
20. Have all employees completed job role training?  
☐Yes ☐No ☐N/A
21. Have controls been put in place to control hazards identified?  
☐Yes ☐No ☐N/A
22. Have employees who conduct specialist tasks received appropriate OH&S training?  
☐Yes ☐No ☐N/A
23. Noise levels acceptable?  
☐Yes ☐No ☐N/A
24. Is vibration being controlled?  
☐Yes ☐No ☐N/A

**Comments:** If No was ticked, or if further detail is required, please indicate the number from the item above and a relevant comment.


**Signature of person completing form**

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**Witness/Participant**

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