| **Entity Legal Name:** |  | **Date:** | **Trade / Qualification:** |  |
| --- | --- | --- | --- | --- |
| **Entity Trading Name:** |  | **Address:** |  | |

| **Type of Entity [X]** | **Trade Test Centre** |  | **Skills Development Provider** |  | **Assessment Centre** |  |
| --- | --- | --- | --- | --- | --- | --- |

| **No** | **Description**  **(Please take pictures as evidence)** | **Acceptable**  **(YES)** | **Not Acceptable**  **(NO)** | **Comment/s** |
| --- | --- | --- | --- | --- |
|  | **GENERAL** | | | |
|  | How many previous OQSF trades or qualifications is the entity accredited for? |  |  |  |
|  | Is the entrance to the workshop clean? |  |  |  |
|  | Is the workplace maintained free of hazards that could cause incidents? |  |  |  |
|  | Are surfaces free of water, oil or other fluids or substances? |  |  |  |
|  | Are ramps and stairs so designed and maintained to prevent slips and falls? |  |  |  |
|  | Is the workshop accessible by people with disabilities? |  |  |  |
|  | Are work areas, walkways, doorways, exits clear of obstructions and demarcations visible? |  |  |  |
|  | Is all lighting operational, effective and clean? |  |  |  |
|  | Are all toilets clean and in a good hygienic condition? |  |  |  |
|  | Are there any other housekeeping issues that need to be raised? |  |  |  |
|  | Does the entity has a copy of the Occupational Health and Safety Act (No. 85 of 1993) on site. |  |  |  |
|  | Is the entity is aware of the OHS sections applicable to them? |  |  |  |
|  | Does the entity have First aid boxes visible and accessible? |  |  |  |
|  | Does first aid boxes contain basic equipment? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **ELECTRICAL & LIGHTING** | | | |
|  | Are portable electrical items in a good condition and Labelled? |  |  |  |
|  | Are all electrical distribution boxes kept clear of any obstructions? |  |  |  |
|  | Are all distribution boxes so maintained that no persons are exposed to live electrical conductors? |  |  |  |
|  | Are all electrical lights and plug switches in a good and safe condition? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **DANGEROUS GOODS/HAZARDOUS CHEMICAL SUBSTANCES**  **(If there are dangerous goods or chemical substances located in your area, answer the following)** | | | |
|  | Are the dangerous goods /hazardous chemical substances clearly labeled? |  |  |  |
|  | Are workers aware of the harmful effects? |  |  |  |
|  | Are dangerous goods/hazardous chemical substances securely stored? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **MECHANICAL** | | | |
|  | Are emergency stops clearly visible and operational? |  |  |  |
|  | Are moving parts of all machines guarded to prevent injury? |  |  |  |
|  | Are machinery and equipment areas kept clean? |  |  |  |
|  | Is there adequate ventilation and dust fume extraction? |  |  |  |
|  | Are tools and equipment stored in proper places? |  |  |  |
|  | Are workers trained to operate machinery and equipment? |  |  |  |
|  | Are workers supervised to ensure correct operating procedure for Machineries? |  |  |  |
|  | Is the correct use of PPE maintained by Learners? |  |  |  |
|  | Are all hand tools inspected and in good condition? |  |  |  |
|  | Are free-standing gas cylinders secured? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **FIRE FIGHTING EQUIPMENT** |  |  |  |
|  | Are there enough fire extinguishers in workshop? |  |  |  |
|  | Have all fire extinguishers been inspected, fully charged and serviced? |  |  |  |
|  | Are all fire extinguishers in their allocated places and not obstructed? |  |  |  |
|  | Where brackets have been provided, have all fire extinguishers been fitted to the brackets? |  |  |  |
|  | Are workers aware of the location of fire-fighting equipment? |  |  |  |
|  | It there a trained and qualified fire fighter? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **PERSONAL PROTECTIVE EQUIPMENT (PPE):** | | | |
|  | Has an assessment of the workplace been done to determine if hazards are present that would require the use of PPE? |  |  |  |
|  | Have symbolic signs been posted to indicate the required usage of PPE? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **EMERGENCY PROCEDURES:** | | | |
|  | Are workers aware of the emergency evacuation procedures? |  |  |  |
|  | Are workers aware of the emergency evacuation signals? |  |  |  |
|  | Are the emergency evacuation procedures displayed? And the assembly point is visible |  |  |  |
|  | Do workers know what to do in the case of a gas leak or chemical spill? |  |  |  |
|  | Is there a trained and qualified first aider? |  |  |  |
|  | Does everybody know who to call in case of emergency, are phone numbers visible? |  |  |  |
|  | Does the entity know where the nearest hospital is and have the hospital contact? |  |  |  |
|  | **Count Total Number of Yes and Total Number of No:** |  |  |  |
|  | **In my opinion, the entity OHS is acceptable.** |  |  |  |
|  | **Sum the Total Number of Yes and No from all other sections.** |  |  |  |

| **OHS conducted by** | **Date:** | **Signature** |
| --- | --- | --- |
|  |  |  |