

Workplace Safety Score

Self-assessment form

Workplace safety score questionnaire for:

Health and safety management system

No.	Requirement	YES	NO	Supporting documents required?	Comments
1.	Does your company have a health and safety policy or statement?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2.	Have you implemented a health and safety / quality management system? For example ISO 9001, ISO 45001, OHSAS 18001.	<input type="checkbox"/>	<input type="checkbox"/>	✓	
3.	Have you appointed qualified employees that are responsible for health, safety, first aid? For example SHEQ manager, health and safety officer, first aiders, health practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	✓	

Health and safety risks

No.	Requirement	YES	NO	Supporting documents required?	Comments
4.	Is the nature of risks high in your industry? E.g. forestry, drill and blasting.	<input type="checkbox"/>	<input type="checkbox"/>	✗	
5.	Are risks identified at your company? For example health risk assessments conducted by competent person.	<input type="checkbox"/>	<input type="checkbox"/>	✓	
6.	Are occupational hygiene surveys conducted by an Approved Inspection Authority?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
7.	Are any employees exposed to high levels of noise?	<input type="checkbox"/>	<input type="checkbox"/>	✗	
8.	Are any employees exposed to chemicals? For example dust, gas, vapour, fumes.	<input type="checkbox"/>	<input type="checkbox"/>	✗	
9.	Are any employees exposed to ergonomical risks? For example heavy lifting, poor postures, repetitive motions.	<input type="checkbox"/>	<input type="checkbox"/>	✗	
10.	Are employees exposed to slip, fall, bump and cut risks on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	✗	
11.	Are any employees exposed to moving machinery and electrical related risks? For example unguarded machinery, forklifts, electrocution.	<input type="checkbox"/>	<input type="checkbox"/>	✗	
12.	Has your company had compensation claims?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
13.	Have you identified absenteeism as a workplace concern?	<input type="checkbox"/>	<input type="checkbox"/>	✗	
14.	Do employees undergo medicals as required? For example physical examination, audiometry, spirometry.	<input type="checkbox"/>	<input type="checkbox"/>	✓	

Control measures

No.	Requirement	YES	NO	Supporting documents required?	Comments
15.	Does your company have a COVID-19 workplace safety plan in place as required in terms of the consolidated COVID-19 Direction – Gazette 43400, 04 June 2020.	<input type="checkbox"/>	<input type="checkbox"/>	✓	
16.	Is your work environment designed to reduce employee exposure to health and safety risks? Have you implemented mitigating controls for known risks?	<input type="checkbox"/>	<input type="checkbox"/>	✗	
17.	Have your employees been trained on risks associated to their specific work environment? For example, toolbox talks, safety meeting.	<input type="checkbox"/>	<input type="checkbox"/>	✓	

18. Do you report, record and investigate injuries, incidents and accidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Do you provide employees with the correct personal protective equipment (PPE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Do you display the correct SANS symbolic safety signs in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21. Have you made available / displayed an emergency evacuation plan? (For example, routes and exits are identified)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Workplace Safety Score				<input type="checkbox"/> LOW <input checked="" type="checkbox"/> <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> <input type="checkbox"/> HIGH <input checked="" type="checkbox"/>

Completed by:

Full name

Designation

Signed at	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>											

Please email the completed form and any supporting documentation to workplacesafetyscore@momentum.co.za

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.