

Pre-Purchase Safety Checklist

Purpose: Prior to the purchase of some goods or services, hazards should be identified and risk controls should be put in place where required, to minimise the risk of harm to workers and the work environment. Use this checklist as a guide to identify potential hazards or issues that should ideally be addressed prior to purchasing the goods or services and introducing them into the workplace.

Section 1: What are you intending to purchase? (✓ applicable box)

Goods	Services
<input type="checkbox"/> Plant, machinery, and equipment (assets) - including installation and commissioning	<input type="checkbox"/> Asset and tool inspection, maintenance, and repair
<input type="checkbox"/> Tools (non-powered and powered electrical or pneumatic)	<input type="checkbox"/> Infrastructure, building and facilities construction, inspection, maintenance, and repair
<input type="checkbox"/> Operating consumables (fuels, lubricants, other hazardous substances, materials, etc)	<input type="checkbox"/> Cleaning and waste management services
<input type="checkbox"/> Personal Protective Equipment (PPE)	<input type="checkbox"/> Fire detection systems and firefighting equipment inspection and maintenance
<input type="checkbox"/> Office and other furniture	<input type="checkbox"/> Third party operational support services
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Describe the Goods or Services:

For Goods complete Section 2, 3 and 5. For Services complete Section 2, 4 and 5.

Section 2: What hazards may be relevant to the goods/services? (✓ applicable boxes)

Consider the application of the goods or services, the working environment, implementation, installation and commissioning, inspection, and maintenance.

- Biological Agents Pressure Vessels Slips/Trips/Falls Vehicle or Mobile Plant Operations Noise and/or Vibration
 Compressed Air Manual Handling Confined Space Work Hazardous Substances or Materials Electrical
 Dust/Powder/Silica Working at Heights Environmental Conditions Combustible and/or Explosive Substances or Materials
 Other. If Other

How are identified hazards intended to be managed?

- Elimination Engineering Controls Administrative Controls Substitution Personal Protective Equipment (PPE)
 Other. If Other

Is a Risk Assessment required to support the purchasing decision?

- Yes No. If Yes, by whom By when

Note: The purchase may require the application of a Change Management process

Section 3: Goods (✓ applicable boxes)

What information may be relevant to the goods and should be obtained?

- Design Specification Relevant Codes of Practice Registration Certification Inspection and Maintenance Requirements
 Operating Manual Commissioning Certification Safety Data Sheets (SDS) Safe Operating Procedures/Work Instructions
 Relevant Australian Standards Other. If Other

Employee Consultation

Consultation is required where work health and safety will or may impact employees or other persons.

Is the purchase of goods and use in the workplace likely to impact WHS?

- Yes No. If Yes, consultation is required by whom By when

Plant, machinery, equipment (assets) and tools (Complete if applicable)

Consideration	Further Information/Action Required	Completed
Does the asset/tool meet the relevant Australian Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Does the asset/tool require registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Are guards or safety interlocks required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is an emergency stop required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will electrical testing and tagging be required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will the equipment generate noise, vibration, dust or other emissions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is dust extraction, fume cupboards or local exhaust ventilation required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Are noise control measures required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is a safe operating procedure/instruction required for the asset/tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will training be required to safely operate the asset/tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Are any special skills, high risk work licenses or similar required to operate the asset/tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will protective equipment or accessories be required to operate, inspect, or maintain the asset/tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is there a requirement for routine inspection, maintenance, and repair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>

Operating consumables (fuels, lubricants, other hazardous substances and materials) (Complete if applicable)

Consideration	Further Information/Action Required	Completed
Is a Safety Data Sheet (SDS) available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is appropriate storage available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is there adequate space for segregated storage, where applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is there adequate spill containment and emergency first aid equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will training be required to safely handle and use substances and materials? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will protective equipment be required to safely handle and use substances and materials? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>

Personal Protective Equipment (Complete if applicable)

Personal Protective Equipment (PPE) Type to be purchased

- Disposable Protective Clothing
 Respiratory Equipment
 Face Shield
 Safety Harnesses
 Gloves
 Overalls
 Head Protection (Helmets, Bump Caps)
 Welding Goggles/Helmet
 Safety Glasses
 Safety Footwear
 Safety Goggles
 Hearing Protection (Muffs, Ear Plugs)
 Sun and Heat Protection
 Thermal, Weather and Waterproof Clothing

Other. If Other

Consideration	Further Information/Action Required	Completed
Is the chosen PPE fit for purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Does the PPE meet the relevant Australian Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Is training and instruction required for the use, fitment, storage and maintenance of the PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>

Section 4: Services (✓ applicable boxes)

What information may be relevant to the services and should be obtained?

- Design Specification
 Safety Management Plans
 High Risk Work Licenses
 Safety Data Sheets (SDS)
- Risk Assessments
 Service Licensing or Certification
 Plant, Machinery, Equipment, Tool Certification/Registration
- Insurance Cover
 Qualification, Training, and Competency Verification
 Safe Operating Procedures/Work Instructions
- Other. If Other

Employee Consultation

Consultation is required where work health and safety will or may impact employees or other persons.

Is the service likely to impact the WHS of workers?

- Yes
 No. If Yes, consultation is required by whom By when

Insurances

Confirmation of relevant insurances prior to commencing work includes:

- Workers Insurance
 Professional Indemnity
 Public Liability
- Other. If Other

Services

Is a Service Level Agreement (SLA) or Contract required?

- Yes
 No. If Yes, the SLA or Contract will be completed by whom By when

Consideration	Further Information/Action Required	Completed
Will a Construction Safety Management Plan be required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will the service include high risk work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>
Will risk assessments and safe work procedures/instructions be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>

If the service includes high risk work, what will be involved?

Hazardous noise and vibration Electrical Isolation Use of hazardous substances or materials Confined Space Entry

Hot Work (cutting and welding) At Height Work (including the use of ladders, scissor lifts etc)

Other. If Other

Section 5: sign off prior to purchasing

Requester's Name

Signature

Date (DD/MM/YYYY)

Manager's Name

Signature

Date (DD/MM/YYYY)

Sign Off Name

Signature

Date (DD/MM/YYYY)

Comments:

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