

WORKSHOP ACTIVITY CHECKLIST	
Date of completion:	<input style="width: 100%;" type="text"/>
Venue - address of activity	<input style="width: 100%;" type="text"/>
Person completing:	<input style="width: 100%;" type="text"/>
Interest Group:	<input style="width: 100%;" type="text"/>
Description of Activity:	
<input style="width: 100%; height: 100%;" type="text"/>	

This checklist is to help in the planning for a workshop activity such as woodworking. This isn't an exhaustive list, so think carefully about any specific risks you may encounter. It is likely that you will need to add to this risk assessment checklist. This form can (and should) be altered to suit specific activity requirements.

Where you identify a particular risk you should note the actions you will take to reduce the risk. It's important to carry out a risk assessment before the activity takes place, and you can always add to this during the activity.

HAZARD CHECKLIST	YES	NO	N/A	If no, what actions will you take to mitigate this hazard?
TOOL USE:				
Are tools sharp and in good condition? (e.g. no damage, splitting of handles etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Are electric power tools Portable Appliance Tested (PAT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Are electric power tools double insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Have you completed a visual inspection of leads and connections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

HAZARD CHECKLIST	YES	NO	N/A	If no, what actions will you take to mitigate this hazard?
FIXED MACHINERY:				
Are electrical connections & wiring in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the equipment suitably earthed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there electrical isolation systems in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there suitable extraction/ventilation in place where appropriate to the machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are appropriate guards fitted and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL PROTECTIVE EQUIPMENT (PPE):				
Do members have the following PPE (if required): a) Eye protection b) Hearing protection c) Dust mask d) Gloves e) Safety shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the material require special precautions in use? (e.g., the wearing of PPE?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WORKPLACE HAZARDS:				
Are there clear safe systems of work and operation guidance posted for the machines, identifying the specific safety cut-offs in place, or some instruction available to cover these issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the floors free from trip hazards and escape routes clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are precautions in place to prevent or respond to fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the activity require special precautions? E.g. removal of jewellery, tying back long hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other identified hazards:	What will you do to mitigate these hazards: