|  |  |  |
| --- | --- | --- |
| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | WHS FORM | **WHS48** |
| **SAFETY SIGN ASSESSMENT** |

|  |  |  |
| --- | --- | --- |
| **Workplace:** | **Location:** | **Date:** |
| **Persons conducting assessment:**  |

**PERMANENT SIGNS**

##### Sign Location Special requirements

|  |  |  |
| --- | --- | --- |
| Permanent signage may include: | Dangerous goods | Gown |
|  | HAZCHEM | No smoking |
|  | Composite warning signs | No food/No eating or drinking |
|  | Directional Exit signs | First aid kit |
|  | Exit signs | Fire equipment |
|  | Entry restrictions | Fire extinguisher |
|  | Speed restrictions | Emergency shower/eye washer |
|  | PPE | Chemical spill kit |
|  | Hearing protection | Biological hazards |
|  | Eye protection | Type C radionuclide laboratory |
|  | Gloves | Other |

**TEMPORARY SIGNS REQUIRED FOR AREA**

|  |  |  |
| --- | --- | --- |
| Temporary signage may include: | Gas - Keep Clear | Cones/Witches hats |
|  | No Smoking - No Flames | Workers Above |
|  | Caution Wet Surface | Workers Ahead |
|  | Caution Cleaning in progress | Other |

**Assessment to be forwarded to Manager/supervisor for action.**

**Action to be taken:**

**Signed:**............................................................. **Completed Date:** ……………………………

 *Manager/Supervisor*