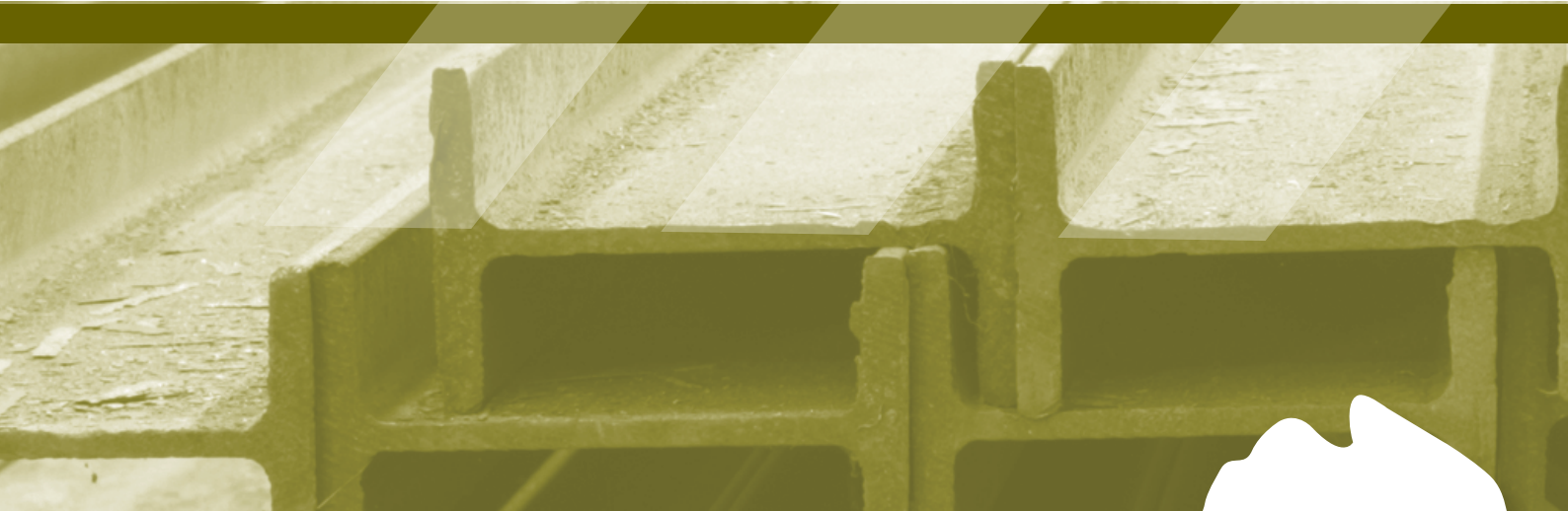




**safe work australia**

## **Working Safely with General Cargo – Steel Products**

Checklist Two – Vessel/Work Environment Checklist – Steel Products



October 2009

## Checklist Two – Vessel/Work Environment Checklist – Steel Products

This checklist is a minimum requirement and may be used in conjunction with this guide to supplement the *Vessel/Work Environment Checklist – General OHS Issues* (Checklist One).

Checklist Two may be used without modification. However, where necessary, this checklist should be adapted to suit the particular circumstances of a workplace. Checklists that are already in place may continue to be used if they address all potential hazards in that particular workplace.

Facility name \_\_\_\_\_

Vessel name \_\_\_\_\_

Names of person/s in charge:

1. Ship's Duty Officer \_\_\_\_\_

2. Of shift \_\_\_\_\_

**Hatches to be worked** (*please circle*):    1        2        3        4        5

Please indicate date and time of inspection activities:

Date	Time	Activity	Names of personnel involved
	:	On arrival of ship at port/prior to work commencing	(Supervisor/Foreman)
			(Health and Safety Representative)
			(Ship's representative)
			(Other)
	:	Regular inspection/s <sup>†</sup>	(Supervisor/Foreman)
			(Health and Safety Representative)
			(Ship's representative)
			(Other)

<sup>†</sup>Regular inspections may need to be undertaken more frequently than indicated here – use additional checklists as required.

**Transfer any items marked 'No' to 'Actions for follow-up' at the end of the checklist.**

# VESSEL

## General

Item		Circle	
1	Is the vessel appropriate for the type of cargo? (minimise snagging)	Yes	No
2	Do cargo presentation/stowage techniques minimise snagging of cargo?	Yes	No
3	Is access/egress to each cargo compartment adequate?	Yes	No
4	Are inclined ladders or vertical ladders with landing platforms fitted where depth of compartment is over 6 metres?	Yes	No
5	Are personnel access lids hinged and pontoon hatch covers safely secured in open position?	Yes	No

## Storage

Item		Circle	
6	Are appropriate temporary access platforms used during stowage? (e.g. stages across cargo)	Yes	No
7	Do all chocks have correct fatigue factor?	Yes	No
8	Is dunnage use and placement controlled effectively? (e.g. push sticks)	Yes	No

## Appliances, gear, etc.

Item		Circle	
9	Have pre-slung loads been provided with certification, rated Safe Working Load (SWL)/ Working Load Limit (WLL) and service history, and has this been sighted?	Yes	No
10	Is there any evidence of wear and tear in lifting gear? (e.g. stretched chains, defective hooks)	Yes	No
11	Do slinging methods ensure positive grip on entire load throughout loading/discharge? (e.g. one way to achieve this is to double wrap certain cargo)	Yes	No
12	Has the history of use and number of lifts undertaken since manufacture for specialised handling gear been sighted?	Yes	No
13	Where a full history for specialised handling gear has not been sighted, are loads re-slung using appropriately rated and certified gear?	Yes	No
14	Are appropriate temporary access platforms used during stowage? (e.g. stages across cargo)	Yes	No

# WAREHOUSE

## General

Item		Circle	
15	Do storage methods for coil consider the storage surface, coil diameter, and coating of coil?	Yes	No
16	Is the load-bearing capacity of floors in warehouse known and communicated?	Yes	No
17	Do all chocks have correct fatigue factor?	Yes	No
18	Are coil end stops in place where storage occurs in the vicinity of pedestrian walkways?	Yes	No
19	Is a coil collapse arrest system in place where storage takes place in vicinity of offices or amenities?	Yes	No

## Appliances, gear, etc.

Item		Circle	
20	Is there any evidence of wear and tear in lifting gear? (e.g. stretched chains, defective hooks)	Yes	No
21	Has the gear register been sighted for all equipment?	Yes	No
22	Is all gear used in accordance with its marked Safe Working Load (SWL)/Working Load Limit (WLL)?	Yes	No
23	Have all lifting appliances been appropriately tested and serviced?	Yes	No
24	Is all load shifting/bearing equipment suitable for the task?	Yes	No
25	Are there any damaged or non-conforming items?	Yes	No



## Sign-off (supervisor/person in charge)

Item	Circle	
Have records of vessel condition and on-forwarding actions been kept?	Yes	No
Has a record of this inspection (including who was involved and when it was completed) been forwarded for record keeping?	Yes	No

Signature \_\_\_\_\_ Name \_\_\_\_\_