**OHS Purchasing Checklist**

**This checklist is to be used for the purchase, hire, lease or donation of goods with potential OHS risks**

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| --- | --- |
| **Date:** |  |
| **Workplace:** |  |
| **Item being purchased:** |  |
| **Name of person conducting assessment:** |  |

Section 1

|  |  |
| --- | --- |
| Pre-purchase Checklist | |
| 1. **General** | **Checked** |
| The end user and the Workplace Manager has been consulted regarding the purchase | Yes |
| Consideration has been given to how the item will be used, transported and stored in the workplace (e.g. chemical storage cabinet) | Yes |
| The product specifications advise that the product meets [Australian Standards](https://prms21.eduweb.vic.gov.au/SMS/) | Yes |
| An operation manual is required and available | Yes |
| Training, changes to work practices/supervision required for safe use has been considered (e.g. Safe use of Machinery if Technology Teaching) | Yes |
| Consideration has been made to ergonomic risks (e.g. purchase of bulk order of chairs) | Yes |
| Consideration has been given to post purchase installation, auditing and maintenance requirements (e.g. playground equipment, basketball ring, roof anchor points). | Yes |
| 1. **Chemicals** | **Checked** |
| A Safety Data Sheet (SDS) has been obtained and reviewed (available from ChemWatch [GoldFXX](https://edugate.eduweb.vic.gov.au/Services/HR/Pages/ChemwatchMSDSdb.aspx) or the product manufacturer/supplier) | Yes  N/A |
| [Chemical Guidance Sheet 3](http://www.education.vic.gov.au/Documents/school/principals/management/guid3prohib.docx) has been checked to ensure it is not a Department prohibited or restricted substance | Yes  N/A |
| 1. **Plant /Machinery** | **Checked** |
| Relevant guarding is fixed to static machinery or provided ready to be installed | Yes  N/A |
| Appropriate space has been allocated for static machinery operation (minimum 800mm) | Yes  N/A |
| 1. **Personal Protective Equipment (PPE)** | **Checked** |
| PPE has been obtained and is available for use | Yes  N/A |
| Employees have had training in the correct use and care of required PPE | Yes  N/A |

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| 1. **Risk Management** | | | |
| A Risk Assessment or Safe Work Procedure is required to be completed (to be completed if the risk is unable to be eliminated immediately | | | Yes  No |
| **Hazards potentially introduced following the purchase, hiring, leasing or donation of goods:** | | **Controls to be implemented** | |
| Electrocution |  |  | |
| Noise |  |  | |
| Manual handling |  |  | |
| Crushing / amputation |  |  | |
| Biological / chemical |  |  | |
| Dust/ fumes |  |  | |
| Fire / explosion / cut / laceration |  |  | |
| Burns (hot/cold) |  |  | |
| Other: | |  | |

Section 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Receipt of Goods | | | | |
| **Goods received conform to order specifications?** | | |  | |
| **Note: Goods are not to be accepted if they do not conform to specifications.** | | | | |
| **Sign Off** | **Name** | **Signature** | | **Date** |
| Workplace Manager/Management OHS Nominee |  |  | |  |

Further assistance

If further advice or assistance is required in completing this Checklist, please contact the **OHS Advisory Service** on **1300 074 715** or e-mail [safety@edumail.vic.gov.au](mailto:safety@edumail.vic.gov.au).