



اوتوریتی کبھسان کسلامتن
کھسین. دان عالمسکیت
Safety, Health and Environment
National Authority

SELF ASSESSMENT CHECKLIST: GENERAL WORKPLACE

DOC NO.:
SHENA/IND/5-201
(REV.1)
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This self-assessment checklist is a tool used to aid Employers, Employees, Occupiers and Principals to comply with the Workplace Safety and Health Order, 2009. The objective of this checklist is to ensure that Employers, Employees, Occupiers and Principals are aware of the factors that have an impact on health and safety. Remember, this checklist is only a guide and should not be construed as implying any liability nor should it be taken to encapsulate all the responsibilities and obligations of the Employers, Employees, Occupiers and Principals under the law. If you answer 'No', you should take action to learn more about and fix the gaps or hazards you identified. You may need to do more than one assessment and you are advised to reassess your workplace as and when required to ensure you maintain a safe workplace.

A copy of the checklist and proven evidence shall be kept by the HSE focal point of your company/organization. This checklist will be reviewed by Safety, Health and Environment National Authority (SHENA) during any planned inspections or monitoring visits conducted by SHENA. **This Checklist does not require submission to SHENA unless SHENA explicitly instructs you to do so.**

SHENA reminds all Employers, Employees, Occupiers and Principals to comply with their legal obligations under the laws of Brunei Darussalam including, but not limited to, the Employment Order, 2009 (S 37/2009) and the Worker's Compensation Act (Chapter 74).

NAME OF WORKPLACE			
WORKPLACE ADDRESS			
WORKPLACE ACTIVITY	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Printing
	<input type="checkbox"/> Catering & Hospitality	<input type="checkbox"/> IT & Media	<input type="checkbox"/> Recycling & Waste
	<input type="checkbox"/> Commercial/Retail Shop	<input type="checkbox"/> Logistics & Transportation	<input type="checkbox"/> Recreational & Fitness
	<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Repair & Maintenance
	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Marine & Port	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> Food Processing & Packaging	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Others (Please specify): _____
TOTAL NO. OF EMPLOYEES ON SITE	NAME OF EMPLOYER/EMPLOYEE/ OCCUPIER/PRINCIPAL	CONTACT NO	
		EMAIL	

GENERAL REQUIREMENTS OF WORKPLACE HEALTH, SAFETY AND ENVIRONMENT		YES	NO	N/A	REMARKS/ JUSTIFICATION/ EXPLANATION
1	Do you have a system in your workplace to manage health, safety and environment?				
	• Safety Management System (SMS) / HSE Policy / HSE Plan				
	• Incident reporting				
	• Emergency preparedness				
	• Safe Work Practices				
	• Risk Assessment				
2	Have you assigned a person to look after health, safety and environmental matters in your workplace and/or supervisors for work activities?				
3	Do you conduct internal HSE inspections in your workplace?				
4	Do you provide personal protective equipment (PPE) to protect your employees?				
5	Do you conduct routine HSE meetings at your workplace?				
7	Do you provide HSE training for your employees?				
8	Do you have any hazardous/ toxic or corrosive substances in your workplace?				
9	If Yes, do you have a system to manage hazardous/toxic or corrosive substances ?				
10	Do you have a means to communicate HSE matters to your employees?				
11	Do you have a system to stop/ intervene unsafe acts , practices and conditions in your workplace?				
12	Do you have a system to manage waste in your workplace?				
13	Do you have adequate welfare facilities (eg. toilets, drinking water, washing facilities, eating facilities and resting areas) for your employees?				

Prepared by: (Signature, Name, Designation & Date)	Verified by: (Signature, Name, Designation & Date)
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