**House Address: Completed by (Name): Date:**

| Checklist Item | | Result of Inspection | | Action Required | | Comments | Responsible Person | Tick if completed |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Good | Unsatisfactory | To be Scheduled | Immediately |  |  |  |
|  | **Emergency Information Noticeboard** | | | | | | | |
| * Check - only Emergency notices on board | |  |  |  |  |  |  |  |
| * Check the emergency phone numbers are there, including On Call | |  |  |  |  |  |  |  |
| * Emergency Evacuation Plan (map) | |  |  |  |  |  |  |  |
| * Emergency Response Plan (current year) SF-62 | |  |  |  |  |  |  |  |
| * Name/s of Emergency Warden | |  |  |  |  |  |  |  |
| * Fire Drill/Evacuation Poster SF-37 | |  |  |  |  |  |  |  |
| * Lalor St Evacuation Plan KEF-33 | |  |  |  |  |  |  |  |
| * Emergency Procedures Flip Chart – Safety maps | |  |  |  |  |  |  |  |
|  | **Workplace Health & Safety Noticeboard** | | | | | | | |
| * If you are Injured at Work Poster - WorkSafe | |  |  |  |  |  |  |  |
| * Report that Hazard SF-11 | |  |  |  |  |  |  |  |
| * Hazard & Near Miss Alert Form SF-10 | |  |  |  |  |  |  |  |
| * Worker Injury Reporting Form – for staff, contractors & volunteers SF-48 | |  |  |  |  |  |  |  |
| * Health & Safety Handout SF-71 | |  |  |  |  |  |  |  |
| * Participant Incident Report Form for Support Workers CCF-65 | |  |  |  |  |  |  |  |
| * Incident Reporting for Support Workers CCF-30 | |  |  |  |  |  |  |  |
| * Emergency Procedures Flip Chart – Safety maps | |  |  |  |  |  |  |  |
| * Stand Against Workplace Bullying KEF-04 | |  |  |  |  |  |  |  |
| * Covid hygiene poster | |  |  |  |  |  |  |  |
|  | **Fire** | | | | | | | |
| * Extinguishers in place, clearly marked for type of fire and recently serviced | |  |  |  |  |  |  |  |
| * Adequate direction notices for fire exits | |  |  |  |  |  |  |  |
| * Exit doors easily opened from inside | |  |  |  |  |  |  |  |
| * Exits clear of obstructions | |  |  |  |  |  |  |  |
| * Fire alarm system functioning correctly | |  |  |  |  |  |  |  |
| * Fire instructions available and displayed | |  |  |  |  |  |  |  |
| * Regular fire drills carried out | |  |  |  |  |  |  |  |
|  | **Electrical** | | | | | | | |
| * Leads tested and tagged | |  |  |  |  |  |  |  |
| * No broken plugs, sockets or switches | |  |  |  |  |  |  |  |
| * No frayed, strained or damaged leads | |  |  |  |  |  |  |  |
| * No temporary leads on the floor | |  |  |  |  |  |  |  |
| * Emergency shut-down procedures in place where relevant | |  |  |  |  |  |  |  |
|  | **General Lighting** | | | | | | | |
| * Adequate lighting (natural or electric) | |  |  |  |  |  |  |  |
| * No direct or indirect glare | |  |  |  |  |  |  |  |
| * Light fittings clean and in good condition | |  |  |  |  |  |  |  |
| * Emergency lighting operable if exists | |  |  |  |  |  |  |  |
|  | **Walkways** | | | | | | | |
| * Entry and across walkways kept clear | |  |  |  |  |  |  |  |
| * No electrical leads crossing walkways | |  |  |  |  |  |  |  |
| * Walkways adequately and clearly marked | |  |  |  |  |  |  |  |
| * Unobstructed vision at intersections | |  |  |  |  |  |  |  |
|  | **Kitchen Equipment** | | | | | | | |
| * Kept clean | |  |  |  |  |  |  |  |
| * Adequately guarded | |  |  |  |  |  |  |  |
| * Starting and stopping devices within easy reach of operator | |  |  |  |  |  |  |  |
| * Adequate workspace around equipment | |  |  |  |  |  |  |  |
| * Noise levels controlled | |  |  |  |  |  |  |  |
| * Lighting satisfactory | |  |  |  |  |  |  |  |
|  | **Rubbish** | | | | | | | |
| * Bins located at suitable points | |  |  |  |  |  |  |  |
| * Bins emptied regularly | |  |  |  |  |  |  |  |
|  | **Kitchen Benches** | | | | | | | |
| * Tidy - equipment not in use put away | |  |  |  |  |  |  |  |
| * No sharp edges | |  |  |  |  |  |  |  |
| * Work benches stable & in safe condition | |  |  |  |  |  |  |  |
|  | **Storage** | | | | | | | |
| * Items stored in cupboards and drawers wherever possible | |  |  |  |  |  |  |  |
| * Storage designed to minimise lifting problems, i.e. height between knee and shoulder | |  |  |  |  |  |  |  |
| * Floors around benches clear of rubbish | |  |  |  |  |  |  |  |
| * General condition of cupboards/drawers/benchtops | |  |  |  |  |  |  |  |
|  | **Chemicals on site** | | | | | | | |
| * MSDS for all chemicals | |  |  |  |  |  |  |  |
| * Disposal of chemical waste | |  |  |  |  |  |  |  |
| * Containers clearly labeled | |  |  |  |  |  |  |  |
|  | **First Aid** | | | | | | | |
| * Cabinets and contents clear and orderly | |  |  |  |  |  |  |  |
| * First aid cabinet clearly labeled & accessible | |  |  |  |  |  |  |  |
| * Employees aware of location of first aid cabinet | |  |  |  |  |  |  |  |
| * Emergency numbers displayed | |  |  |  |  |  |  |  |
| * Adequate stocks | |  |  |  |  |  |  |  |
| * Snake bandage in first aid kit | |  |  |  |  |  |  |  |
|  | **OOS Room Hazards** | | | | | | | |
| * Chairs, desks no issues | |  |  |  |  |  |  |  |
| * Glare from windows | |  |  |  |  |  |  |  |
| * Measures designed to prevent Occupational Overuse Syndrome | |  |  |  |  |  |  |  |
| * Air conditioning system maintained regularly | |  |  |  |  |  |  |  |
|  | **Resident Bedroom Hazards** | | | | | | | |
| * Air conditioning system maintained regularly | |  |  |  |  |  |  |  |
| * Glare from windows | |  |  |  |  |  |  |  |
| * Other | |  |  |  |  |  |  |  |
|  | **Resident Bedroom Hazards** | | | | | | | |
| * Air conditioning system maintained regularly | |  |  |  |  |  |  |  |
| * Glare from windows | |  |  |  |  |  |  |  |
| * Other | |  |  |  |  |  |  |  |
|  | **Resident Bedroom Hazards** | | | | | | | |
| * Air conditioning system maintained regularly | |  |  |  |  |  |  |  |
| * Glare from windows | |  |  |  |  |  |  |  |
| * Other | |  |  |  |  |  |  |  |

**General Comments:**