**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:**