**PARISH WORKPLACE INSPECTION FORM**

*To be completed twice yearly*

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| --- | --- | --- |
| Parish Location: |  | Indicate with a tick.🗸 |
| Date completed: |       |
| Name of person who completed checklist: |  | Yes | No | NA |
| If you answer “No” to any question, please record information in the notes section on the last page and add to your action register. |
| **Floors / Housekeeping** |
| Are work areas clean & tidy? | [ ]  | [ ]  | [ ]  |
| Are floor surfaces in good clean condition?(No loose tiles or carpet that is torn or has ridges or holes) | [ ]  | [ ]  | [ ]  |
| Are floors free of slip / trip hazards?(Water, ice, oil, rubbish, power cords, materials, boxes) | [ ]  | [ ]  | [ ]  |
| Are appropriate cord covers used when cords MUST be across the walkway? | [ ]  | [ ]  | [ ]  |
| Are all heavy items stored at waist height?(Boxes, storage containers, equipment stored on top of cupboards) | [ ]  | [ ]  | [ ]  |
| **Stairs / Steps / Ramps** |
| Are the stairway’s clear of obstructions? | [ ]  | [ ]  | [ ]  |
| Is the tread on the stairs in good condition to minimise slipping / tripping? | [ ]  | [ ]  | [ ]  |
| Are the stairway’s fitted with hand rails? | [ ]  | [ ]  | [ ]  |
| Are the stairway’s hand rails adequately secured? | [ ]  | [ ]  | [ ]  |
| Are the ramp’s fitted with hand rails? | [ ]  | [ ]  | [ ]  |
| Are the ramp’s hand-rails adequately secured? | [ ]  | [ ]  | [ ]  |
| **Lighting** |
| Are work areas, walkways and stairs well lit? | [ ]  | [ ]  | [ ]  |
| Are all lights and fittings in good working order? | [ ]  | [ ]  | [ ]  |
| **First Aid** |
| Are the first aid kits clearly signposted? | [ ]  | [ ]  | [ ]  |
| Is there a documented first aid kit register? | [ ]  | [ ]  | [ ]  |
| Has the first aid kit been checked within the last 12 months?  | [ ]  | [ ]  | [ ]  |
| Are the first aid kit contents within their validity date? (No expired products) | [ ]  | [ ]  | [ ]  |
| Is the first aid kit adequately stocked?  | [ ]  | [ ]  | [ ]  |
| **Fire / Emergency** |
| Are fire extinguishers clearly signposted? | [ ]  | [ ]  | [ ]  |
| Have fire hydrants, extinguishers and blankets been inspected? (6 monthly) | [ ]  | [ ]  | [ ]  |
| Are the fire hydrants, extinguishers, blankets unobstructed? | [ ]  | [ ]  | [ ]  |
| Are evacuation plans clearly displayed throughout? | [ ]  | [ ]  | [ ]  |
| Are evacuation routes clear of obstructions? | [ ]  | [ ]  | [ ]  |
| Has illuminated exit signs push button testing been performed? (6 monthly)  | [ ]  | [ ]  | [ ]  |
| Has illuminated exit signs 90 min battery discharge test been performed? (6 monthly) | [ ]  | [ ]  | [ ]  |
| **Electrical** |
| Have all electrical appliances been tested? (12 monthly, minimum) | [ ]  | [ ]  | [ ]  |
| Has the Residual Current Device (RCD) push button testing been performed? (6 monthly) | [ ]  | [ ]  | [ ]  |
| Has the RCD operating time test been performed? (12 monthly) | [ ]  | [ ]  | [ ]  |
| Are all power-points and switches in good condition? | [ ]  | [ ]  | [ ]  |
| Have all double adaptors or piggy back plugs being removed from site? | [ ]  | [ ]  | [ ]  |
| **Asbestos** |
| Current Asbestos Register in place (reviewed within the last 5 years) | [ ]  | [ ]  | [ ]  |
| Current Asbestos Management Plan in place (reviewed within the last 5 years) | [ ]  | [ ]  | [ ]  |
| Signs warning of presence of asbestos clearly visible & in good condition? (could be single at entrances or multiple on material) | [ ]  | [ ]  | [ ]  |
| Material sealing asbestos is in good condition (i.e. paint)? Free from any visible damage likely to allow the release of asbestos fibres? | [ ]  | [ ]  | [ ]  |
| Equipment is not stored against or in proximity to asbestos, where storage is likely to cause damage resulting in the release of asbestos fibres? | [ ]  | [ ]  | [ ]  |
| Annual asbestos check has been completed by competent personnel? | [ ]  | [ ]  | [ ]  |
| **Amenities** |
| Are wash basins, taps and fittings clean and tidy? | [ ]  | [ ]  | [ ]  |
| Are toilet facilities clean and tidy? (Ladies and men’s) | [ ]  | [ ]  | [ ]  |
| Are kitchen and meal areas clean and tidy? | [ ]  | [ ]  | [ ]  |
| **Windows & Doors** |
| Are windows in good condition and operational? | [ ]  | [ ]  | [ ]  |
| Are the doors in good condition and operational? | [ ]  | [ ]  | [ ]  |
| Do the locks on the windows and doors operate efficiently? | [ ]  | [ ]  | [ ]  |
| **External** |
| Are areas around the Parish well lit? (paths, car parks) | [ ]  | [ ]  | [ ]  |
| Are external lights and fittings in good condition? | [ ]  | [ ]  | [ ]  |
| Are paths and walkways clear of obstructions and trip hazards? | [ ]  | [ ]  | [ ]  |
| Are external walls in good condition? (No signs of cracking, movement, or salt damp) | [ ]  | [ ]  | [ ]  |
| Are gardens and surrounds well maintained? | [ ]  | [ ]  | [ ]  |
| If gas cylinders are present, are they secured? Signposted? | [ ]  | [ ]  | [ ]  |
| **Notes** |
|  |
| CORRECTIVE ACTIONS |
| Complete action plan below or use sites corrective action system to implement controls to eliminate or minimise the risk. |
| List the corrective actions | Priority(H, M, L) | By Whom | By When |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |