**PARISH WORKPLACE INSPECTION FORM**

*To be completed twice yearly*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | |  |  | |  | | |