**PARISH WORKPLACE INSPECTION FORM**

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| **Parish Location:** |  | Indicate with a tick.  X | | |
| **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 and free of slip / trip hazards? (No loose tiles or carpet that is torn or has ridges or holes, no rubbish, water, power cords) | |  |  |  |
| 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 / ramps clear of obstructions? | |  |  |  |
| Is the tread on the stairs in good condition to minimise slipping / tripping? | |  |  |  |
| Are the stairway’s / ramps fitted with handrails and are they secured? | |  |  |  |
| **Lighting** | | | | |
| Are work areas, walkways, and stairs well-lit and lights and fittings in good working order? | |  |  |  |
| Security lighting is adequate and maintained? | |  |  |  |
| **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) | |  |  |  |
| **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) | |  |  |  |
| There is no combustible storage within Data Server Rooms or within server racks | |  |  |  |
| No portable heaters are used. | |  |  |  |
| Essential Safety Provisions Certificate - Form 3 is displayed at the main entrance foyer. | |  |  |  |
| Are security alarms tested? | |  |  |  |
| Are dangerous goods contained and safely stored? | |  |  |  |
| **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? (2 yearly) | |  |  |  |
| Are all power-points and switches in good condition? | |  |  |  |
| Have all double adaptors or piggyback plugs being removed from site? | |  |  |  |
| Electrical Switchboards are kept secured (locked). | |  |  |  |
| **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 kitchen meal areas, wash basins, taps and fittings clean and tidy? | |  |  |  |
| Are toilet facilities clean and tidy? | |  |  |  |

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| **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 and external lights and fittings in good condition? (paths, car parks) |  |  |  |
| 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? |  |  |  |
| Are drains and gutters free of rubbish? |  |  |  |

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| **Notes** | | | | |
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| 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. |  |  |  |