**PARISH WORKPLACE INSPECTION FORM**

*To be completed twice yearly*

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| Parish Location:  Date completed: | Indicate with a tick.  🗸 | | |
| 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 handrails? |  |  |  |
| Are the stairway’s handrails adequately secured? |  |  |  |
| Are the ramp’s fitted with handrails? |  |  |  |
| Are the ramp’s handrails 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? (2 yearly) |  |  |  |
| Are all power-points and switches in good condition? |  |  |  |
| Have all double adaptors or piggy back plugs being removed from site? |  |  |  |
| **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? |  |  |  |

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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? (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** | | | |
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