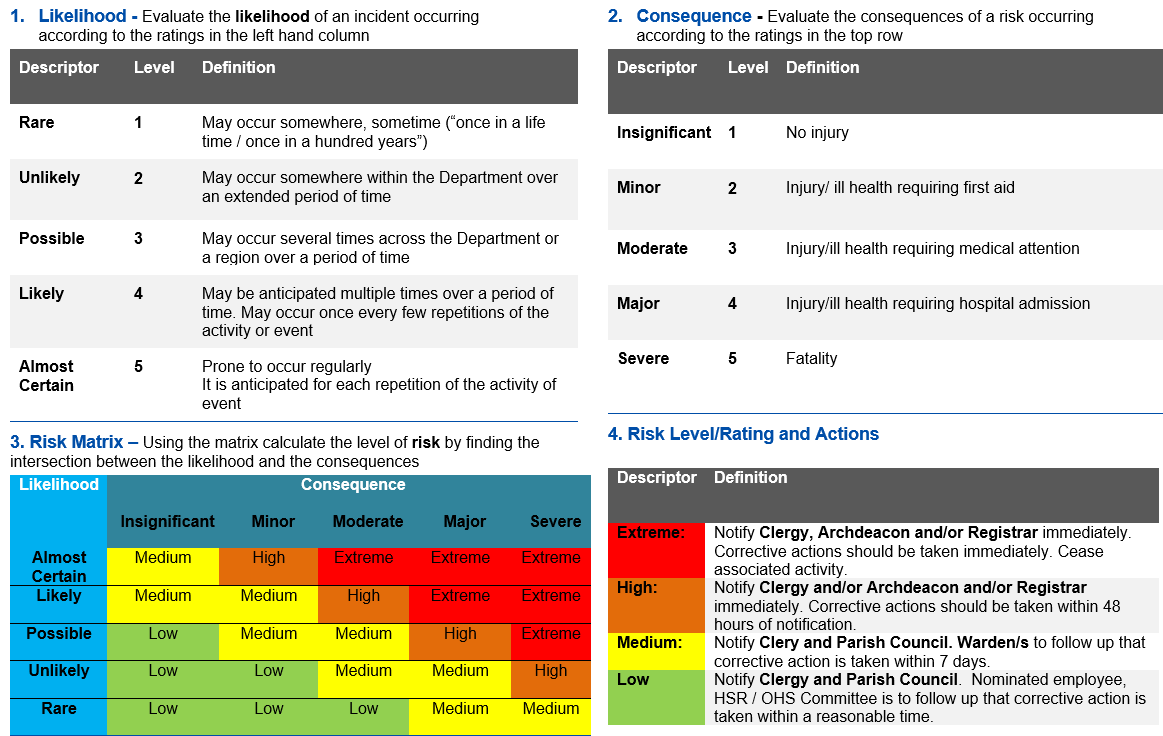
**PARISH - ANNUAL SAFETY INSPECTION CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Parish/Centre** |  | **Date** |
| **Location of building** |  |  |
| **Name & position of person(s) completing this document** |  |

***Not all issues identified need to be addressed at once, create a plan to tackle the highest risks first.***

| **Inspection Item** | **Yes** | **No** | **N/A** | **Is there action to be taken?**  **If so, what action? Other Comments** | **Person(s) Responsible for taking action** | **When will action be taken?** | **Risk Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Access: Walkways & Flooring** | | | | | | | |
| Are all walkways, flooring and stairs free from slip or trip hazards? |  |  |  |  |  |  |  |
| Are entrances, exits, stairs & walkways clear from obstruction? |  |  |  |  |  |  |  |
| Are there exit signs & are they easily identifiable in an emergency? |  |  |  |  |  |  |  |
| Are there floor coverings & if so, what type and are they in good condition? |  |  |  |  |  |  |  |
| Is disabled access provided & if so, where (e.g. front door, rear door etc) |  |  |  |  |  |  |  |
| Is a ladder kept onsite? |  |  |  |  |  |  |  |
| Is the ladder used & for what reason? |  |  |  |  |  |  |  |
| **General Electrical** | | | | | | | |
| Are plugs, sockets and switches in good condition? (i.e. undamaged) |  |  |  |  |  |  |  |
| Are all electrical items in use, (including power-boards, double adaptors and leads) regularly tested & tagged & how often? |  |  |  |  |  |  |  |
| **General Lighting** | | | | | | | |
| Does the lighting allow you to move easily about the building & outside safely? |  |  |  |  |  |  |  |
| **Air Quality** | | | | | | | |
| Is ventilation adequate, either natural, mechanical or air-conditioning system? |  |  |  |  |  |  |  |
| If in place, are air-conditioning and ventilation systems regularly serviced? |  |  |  |  |  |  |  |
| **First Aid** | | | | | | | |
| Is there a first aid kit available & is it clearly marked and accessible? |  |  |  |  |  |  |  |
| Are the contents of the first aid cabinet clean, orderly, unopened and not past their use-by date? |  |  |  |  |  |  |  |
| Are emergency numbers clearly displayed at the kit? |  |  |  |  |  |  |  |
| **Chemicals and cleaners** | | | | | | | |
| Are all chemicals & cleaners stored in domestic quantities? |  |  |  |  |  |  |  |
| Are all containers and bottles clearly & correctly labelled & marked? |  |  |  |  |  |  |  |
| **Managing facilities and amenities** | | | | | | | |
| Is there safe access to toilet and wash-room facilities for all including disabled? |  |  |  |  |  |  |  |
| Are toilets cleaned & are consumables such as soap and hand towel replaced regularly? |  |  |  |  |  |  |  |
| Is any damage to plumbing, (inc. roof & gas plumbing) wiring & lighting dealt with promptly? |  |  |  |  |  |  |  |
| Is furniture in good safe condition?  Are stoves and fridges clean and in good condition & how old are these appliances? |  |  |  |  |  |  |  |
| **Drinking water** | | | | | | | |
| Are there drinking water outlets available to all and are they separate from toilet and washroom facilities? |  |  |  |  |  |  |  |
| **Site security** | | | | | | | |
| Are premises kept in good structural repair to prevent unauthorised entry and to keep the occupants safe? |  |  |  |  |  |  |  |
| If no to above, what repair works currently need to be undertaken? |  |  |  |  |  |  |  |
| Are there motion sensors or timed security lights etc? |  |  |  |  |  |  |  |
| Are the premises protected by an automatic alarm system, deadlocks and window locks? |  |  |  |  |  |  |  |
| Is key distribution restricted according to need & is a key list maintained? |  |  |  |  |  |  |  |
| Is there a safe and if so, are the keys kept offsite after hours? |  |  |  |  |  |  |  |
| **Emergency Preparedness** | | | | | | | |
| Is there a written emergency plan covering relevant emergency situations with clear procedures? |  |  |  |  |  |  |  |
| Is the plan accessible to all and do all understand what to do in an emergency? |  |  |  |  |  |  |  |
| Is there a plan of the building with exits displayed?  Has someone with appropriate skills been made responsible for specific actions in an emergency? |  |  |  |  |  |  |  |
| Are emergency contact details relevant to the types of possible threats (e.g. fire, police, poison information centre) displayed in an easily accessible location? |  |  |  |  |  |  |  |
| Are contact details updated regularly? |  |  |  |  |  |  |  |
| Is there a mechanism (e.g. siren or bell alarm) for alerting all in the building to an emergency? |  |  |  |  |  |  |  |
| Is there a documented site plan that illustrates the location of fire protection equipment & emergency assembly points? |  |  |  |  |  |  |  |
| Are procedures in place for assisting the mobility impaired? |  |  |  |  |  |  |  |
| Is the fire protection equipment suitable for the types of risks, e.g. foam or dry powder type extinguishers? |  |  |  |  |  |  |  |
| Is equipment easily accessible in an emergency and is anyone trained to use it? |  |  |  |  |  |  |  |
| Are fire extinguishers regularly serviced and is this information updated regularly in your ESM manual? |  |  |  |  |  |  |  |
| Would you be able to advise neighbours in an emergency situation? |  |  |  |  |  |  |  |
| Are emergency evacuation drills undertaken to assess the effectiveness of your plan? |  |  |  |  |  |  |  |
| Is there someone who is responsible for  reviewing the plan? |  |  |  |  |  |  |  |
| **Kitchen/pantry, food preparation areas and coffee stations** | | | | | | | |
| Are these areas regularly inspected by local health authorities? |  |  |  |  |  |  |  |
| Is there need for a vermin bating program? |  |  |  |  |  |  |  |
| Do food handlers maintain a high level of personal hygiene &  are the premises kept in a clean & tidy condition? |  |  |  |  |  |  |  |
| **Op Shops** (See Opp Shop Specific form) | | | | | | | |
| **Other** | | | | | | | |
| Is the ESM manual updated? |  |  |  |  | |  |  |



**RISK RATING MATRIX**