

Tools & Resources

Housekeeping Checklist

Organisation Name

Date of Inspection

 /

Person Inspecting

Checklist items

Walkways, Stairs and Landings

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. All walkways are clear | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 2. Walkways are free of slip, trip and fall hazards | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 3. Stairs are free of worn or broken treads | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 4. Handrails are in good repair | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Storage

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 5. No storage in traffic areas | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 6. Stacks stable with good bases | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 7. No rubbish or unwanted material discarded into the storeroom | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 8. Flammable items correctly stored | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Electrical power

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 9. Plugs, sockets and switches in good order | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 10. Free of frayed or defective leads | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 11. Free of double adaptors or piggy-back plugs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 12. All lights adequate or operational | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 13. Residual Current Devices and circuit breakers are installed and maintained | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 14. Annual electrical testing and tagging completed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

First aid

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 15. First Aid kits identified and appropriately stocked | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 15.1 Appropriate training is provided | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 16. Names of qualified first aiders displayed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Emergency response/fire protection

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 17. Evacuation Procedures clearly displayed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 18. Fire extinguishers appropriate to material | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 19. Extinguishers readily available and properly mounted | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 20. Extinguishers serviced within the last 6 months | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 21. Escape routes, exits and fire doors are clear of obstructions | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 22. Escape route surfaces are clean and even | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 23. Vehicle traffic routes are clearly demarcated and well lit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 24. Garden areas are free from dense vegetation which could hide potential criminal activities | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 25. Signs directing visitors to the reception areas are clearly visible | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Equipment

26. Office chairs suitable and in good condition Yes No N/A
27. Ladders serviceable, no broken rungs or defects Yes No N/A
28. Metal ladders not used for electrical work Yes No N/A
29. OH&S policies and procedures appropriately displayed Yes No N/A
30. Safety signs clearly displayed where necessary Yes No N/A
31. Kitchen appliances properly maintained Yes No N/A
32. Equipment used in halls, meeting rooms, etc. are fit for your purpose Yes No N/A

Action required	By whom	By when	