



HOUSEKEEPING CHECKLIST

Location: _____

Inspection by: _____

Date Last Inspection: _____

Date: _____

ITEM

		Yes	No	N/A
1	No items blocking passageways fire doors and exits			
2	No items blocking access to fire appliances			
3	All emergency equipment in safe working condition			
4	Emergency information in a prominent position			
5	Fire extinguishers on wall brackets, signposted and checks up to date (last check should have been within 6 months)			
6	All emergency exit signs visible and illuminated			
7	NO Smoking policy adhered to (No cigarette butts)			
8	First Aid Kits in place, clean, contents to be checked and any missing items replaced.			
9	All electrical appliances switched off when not in use and in safe condition			
10	Electrical appliances in safe working order (no faulty wiring)			
11	Contractors are inducted			
12	All volunteers wearing correct PPE			
13	New volunteers introduced to procedures and safety rules			
14	All areas free of non-essential items and rubbish			
15	Doors and Gates Operate safely			
16	All gates and doors secured correctly where required.			

Any other specified hazards to report _____

Signature of person undertaking check _____

Date _____

(Copies of this list can stay in a folder in the club rooms)