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| SAFETY CHECKLISTTo be completed by a group representative or member of staff responsible for or based at the property |
| **Group:** | **Type of property:**  |
| **Address:** | **Year:**  |
| Groups should complete only the checks that are relevant to their property. All records must be available for review at the annual health and safety audit or on request. |
| Use √ to confirm checks have been completed |
| Checks on arrival: | January | February | March |
| Fire escapes unobstructed, in working order |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Floors and stairs clean, no trip hazards |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign in/ out system (HSV: 111 or alternative) used |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monthly checks (1 √ in each box) | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Accident/ incident forms up to date |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire alarm tested  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguishers accessible, not used or damaged |  |  |  |  |  |  |  |  |  |  |  |  |
| Heating, lighting, ventilation working adequately |  |  |  |  |  |  |  |  |  |  |  |  |
| No hazardous materials stored  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personal protective equipment in good condition |  |  |  |  |  |  |  |  |  |  |  |  |
| Quarterly checks (1 √ in each quarter) | Check 1 | Check 2 | Check 3 | Check 4 |
|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Competent person checks in HSV: 114 up to date |  |  |  |  |  |  |  |  |  |  |  |  |
| First aid box contents up to date  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fixtures, fittings, furniture and storage appropriate; secure; not overloaded or broken |  |  |  |  |  |  |  |  |  |  |  |  |
| Step ups, trucks, trolleys inspected/ tested  |  |  |  |  |  |  |  |  |  |  |  |  |
| Portable electrical equipment checked for defects |  |  |  |  |  |  |  |  |  |  |  |  |
| Six monthly checks (1 √ in each 6 months) | Check 1 | Check 2 |
|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Emergency lighting (including torches) tested  |  |  |  |  |  |  |  |  |  |  |  |  |
| Safety signage in place and up to date |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoke alarm working |  |  |  |  |  |  |  |  |  |  |  |  |
| Stepladders visual inspection (HSV: 117) complete  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual checks (1 √ for the year) | Check 1 |
|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| All property risk assessments reviewed and signed off |  |  |  |  |  |  |  |  |  |  |  |  |