|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | |  | | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | |