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| DEFECT REPORT FORM | | | | | | |
| To be completed by a group representative or member of staff responsible for or based at the property | | | | | | |
| Group: | Type of property: | | | | | |
| Address: | | | | | | |
| Copies of this document must be available for review at the annual health and safety audit or on request. | | | | | | |
| **Person reporting the fault:** | | | | | **Date:** | |
| **Defect** (tick box) – add categories not covered | | | | | | |
| Emergency lighting | |  | Air conditioner | | |  |
| Fire alarm | |  | Heater | | |  |
| Fire extinguishers | |  | Iron | | |  |
| Fixtures and fittings | |  | Kick stool | | |  |
| Furniture | |  | Portable appliances | | |  |
| Lighting | |  | Power leads | | |  |
| Personal protective equipment | |  | Sack truck, trolley, roll cage | | |  |
| Smoke alarm | |  | Stepladders | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **Specify defect details:** | | | | | | |
| **Date reported:** | | | | **Reported to:** | | |
| **Date repaired:** | | | | **Signature:** | | |