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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 |  |
|  |  |  |  |
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|  |  |  |  |
| **Specify defect details:** |
| **Date reported:**  | **Reported to:**  |
| **Date repaired:**  | **Signature:**  |