

Inspection Report – Office Area

Depot:		Date:	
Inspector:			

Instructions:

- i. All sections must be completed. Mark N/A next to the item if not applicable
- ii. Comments to be made where action is required
- iii. Tick appropriate boxes
- iv. Action:
 - Poor = immediate action
 - Acceptable = routine maintenance
 - Excellent = meets all Standards

Signs	Yes	No	Action
Visitors Sign in Here	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance / Exit	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Exits	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Assembly Area	<input type="checkbox"/>	<input type="checkbox"/>	
PPE Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Smoking Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Infrastructure	Yes	No	Action
Building – in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation, heating and cooling – operating as designed	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate and fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	

Noise – no annoying or loud noises	<input type="checkbox"/>	<input type="checkbox"/>	
Walking surfaces in good condition and not obstructed	<input type="checkbox"/>	<input type="checkbox"/>	
All office equipment well maintained	<input type="checkbox"/>	<input type="checkbox"/>	
Workstations ergonomically correct	<input type="checkbox"/>	<input type="checkbox"/>	
Storage secure and ergonomically designed – heavy objects identified	<input type="checkbox"/>	<input type="checkbox"/>	
Building – in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Fire	Yes	No	Action
Extinguishers in place, recently serviced & clearly marked for type of fire.	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors easily opened from inside.	<input type="checkbox"/>	<input type="checkbox"/>	
Exit clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last emergency evacuation drill	Date:		
Date fire extinguisher last inspected	Date:		
Comments:			

Emergency Information	Yes	No	Action
Evacuation Plan displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Up to date emergency contact numbers displayed	<input type="checkbox"/>	<input type="checkbox"/>	

Exits (damaged/broken)	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Wardens Identified	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

First Aid Facilities	Yes	No	Action
Identification for First Aid Room / Kit	<input type="checkbox"/>	<input type="checkbox"/>	
Names, Photographs and Location of First Aid Attendants	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets and contents accessible, orderly, and well stocked	<input type="checkbox"/>	<input type="checkbox"/>	
Register of Injuries book available	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Amenities	Yes	No	Action
Clean and Hygienic	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Hazards Controlled (cockroaches, mice, fleas etc)	<input type="checkbox"/>	<input type="checkbox"/>	
All facilities operate correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration available for food storage	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets are operating correctly and drainage effective	<input type="checkbox"/>	<input type="checkbox"/>	
Hand washing facilities in good order (soap available)	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen facilities clean	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Water operating correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Dish washing facilities suitable (soap available)	<input type="checkbox"/>	<input type="checkbox"/>	
Towels available and clean or paper towels dispensed	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Housekeeping	Yes	No	Action
Exits / Entrances blocked?	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways clear of material/rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors - surface even, carpet or tiles not lifted or with ragged edges?	<input type="checkbox"/>	<input type="checkbox"/>	
Lights operational in all work areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Broken furniture?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Electrical Equipment	Yes	No	Action
Do electrical installations generally appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Do any plugs or leads require replacement or repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any evidence of temporary wiring?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any storage of combustible materials in electrical switch rooms or within 3 metres of electrical sub-switchboards?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any staff introduced personal electrical equipment, such as portable heaters or fans, to the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
Do electrical leads and items have proper portable electrical testing equipment tags?	<input type="checkbox"/>	<input type="checkbox"/>	

Are there adequate power points available?	<input type="checkbox"/>	<input type="checkbox"/>	
Date last inspected:			
Comments:			

Environment/Items	Condition			Action
	Poor	Acceptable	Excellent	
Office lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premises lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fumes/ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				

Miscellaneous	Yes	No	Action
Vermin	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Overall Comments:



Corrective/Preventative Plan:

Estimated cost of
plan:

Responsibility:

Proposed Completion
Date:

Actual Completion
Date:

Name (Print): _____

Signature: _____

Date: _____