

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: | | | |
| | | | |

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|-------------------|
| Overall Comments: |
| |

Corrective/Preventative Plan:

| | | | |
|---------------------------|--|-------------------------|--|
| Estimated cost of plan: | | Responsibility: | |
| Proposed Completion Date: | | Actual Completion Date: | |

Name (Print): _____

Signature: _____ Date: _____