

Risk Management & Insurance Churches



O. Housekeeping Checklist

Church Date of Inspection / /

Person Inspecting

Checklist items

Floors, Aisles, Stairs and Landings

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. All aisles are clear | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 2. Aisles are free of slip, trip and fall hazards | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 3. Stairs free of worn or broken treads | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 4. Handrails are in good repair | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 5. Non-skid strips on chairs are in good condition | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Storage

- | | | | | | | |
|-------------------------------------|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 6. No storage in traffic areas | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 7. Stacks stable with good bases | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 8. No rubbish or unwanted material | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 9. Flammable items correctly stored | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Electrical power

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 10. Plugs, sockets and switches in good order | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 11. Free of frayed or defective leads | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 12. Free of double adaptors or piggy-back plugs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 13. All lights adequate or operational | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 14. Residual Current Devices and circuit breakers are installed and maintained | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

First aid

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 15. First Aid kits identified and appropriately stocked | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 15.1 Appropriate training is provided | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 16. Names of qualified first aiders displayed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

Emergency response/fire protection

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 17. Evacuation Procedures clearly displayed | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 18. Fire extinguishers appropriate to material | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 19. Extinguishers readily available and properly mounted | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 20. Extinguishers readily available and properly mounted | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

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