

2. Care of Equipment

| | YES | NO |
|---|-----|----|
| • All portable electrical appliances have been examined by a qualified electrician and a certificate of safety is up to date. | | |
| • The electrical house wiring certificate is current | | |
| • Repairs/replacement of lighting is executed within a reasonable time. | | |
| • Notice of furniture needing repair is reported to the LO. This is attended to by the LO and the action recorded | | |
| • Any machinery is regularly and appropriately maintained and records kept | | |
| • The LO arranges for equipment to be safety checked before use | | |
| • The LO arranges annual service installations (gas, water, electricity) to be checked annually and a record kept | | |
| • All records referred to in section 2 above are current and have been checked as part of this audit | | |

3. Materials and Substances

| | YES | NO |
|--|-----|----|
| • A stock check of all chemical substances has been made as part of this audit to ensure all containers are safely stored and all surpluses are removed and safely disposed of to prevent an unnecessary build-up. | | |
| • All waste is correctly disposed of | | |
| • There are appropriate recycling facilities in place | | |

4. Fire Safety

| | YES | NO |
|---|-----|----|
| • Adequate Fire protection is installed | | |
| • Any fire protection system provided is checked regularly by a competent person, and a record is available | | |
| • Records have been checked today as part of this audit | | |
| • Appropriate fire fighting equipment is available | | |
| • Any fire doors installed are functioning correctly and do not show any obvious signs of damage. | | |
| • The service users are familiar with any fire fighting equipment | | |
| • The tenant/service users understand what action to take in the event of a fire | | |

| | | |
|--|--|--|
| • A fire risk assessment is in place and has been reviewed within the last 12 months | | |
| • The location of all the mains switches / taps (gas, electricity and water) are known to all tenants/service users | | |

5. Building Security

| | YES | NO |
|--|-----|----|
| • The security of the buildings doors and windows has been checked as part of this audit and appear satisfactory | | |
| • An environmental risk assessment is in place and has been reviewed within the last 12 months | | |

6. Any other Health and Safety Problems found

| | YES | NO |
|--|-----|----|
| Recent monthly audits been examined today to identify any issues raised by the tenants | | |

Use Section 6 to identify any other Health & Safety Problems that have not been included in the above check list but which have been drawn to your attention.

| Number | Description of problem |
|--------|------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |



INSPECTION REPORT

Date of Inspection

Any items with ticks in the “NO” column should be included in this report.

| SECTION NO | DESCRIBE PROBLEM | ACTION TO BE TAKEN | PERSON RESPONSIBLE | EXPECTED DATE OF COMPLETION |
|------------|------------------|--------------------|--------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Name and signatures of staff member/s completing this Health & Safety Audit | |
|---|-----------|
| Name | Signature |
| | |
| | |

COPIES OF THIS REPORT SHOULD BE SENT TO:
 The Home Manager, Liaison Officer and Health & Safety Advisor

June 2000 Reviewed & amended May 2003 / November 2004/ July 2008/August 2010