

2. Care of Equipment

	YES	NO
• Class 1 portable electrical appliances are examined by a qualified electrician and a certificate of safety obtained annually.		
• The electrical house wiring certificate is current		
• Repairs/replacement of lighting are 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		
• The LO arranges for all machinery to be regularly and appropriately maintained and a record 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 is made six monthly to ensure all containers are safely stored and all surpluses are removed and safely disposed of to prevent an unnecessary build-up.		
• A stock check has been carried out as part of this audit		
• All waste is correctly disposed of		

4. General 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		
• The service users are familiar with any fire fighting equipment		
• The service users understand what action to take in the event of a fire		
• The location of all the mains switches / taps (gas, electricity and water) are known to all service users		
• The security of the building is satisfactory		
• An environmental risk assessment is in place		
• The assessment has been reviewed within the last 12 months		

5. Any Other Health & Safety Problems found
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Use Section 5 to list 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 ITEM
1	
2	
3	
4	



INSPECTION REPORT

Date of Inspection

Undertaken by:

<u>PLEASE PRINT NAMES</u>

**Any items with ticks in the “NO” column should be included in this report.
Also, include any items included in Section 5.**

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



**Any items with ticks in the “NO” column should be included in this report.
Also, include any items included in Section 5.**

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

Signatures of Staff completing this Health & Safety Audit

NAMES(please print)	SIGNATURES
_____	_____
_____	_____

COPIES OF THIS REPORT SHOULD BE SENT TO:

- The Home Manager
- The L.O
- The Health & Safety Officer

June 2000

Reviewed & amended May 2003 / Amended November 2004/ Amended July 2008