

**WHS Inspection Checklist for Buildings and Grounds**

**Inspection Details**

Any staff members or contractors that are inspecting parts of the University’s working and learning spaces should complete this checklist and detail any actions that are required to maintain our tidy, and safe working and learning areass. This WHS inspection checklist also supports staff and others to resolve issues that are identifed.

Inspection Location or Building Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_/\_\_\_ Completd by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a tick **** in the **Yes** or **No** columns as you work through this checklist.

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| **Bathrooms**  | **Yes** |  **No** | **Actions Required**  |
| Are the floors clean?  |  |  |  |
| Are the floors slippery? (could someone trip on the floor unless it is dried/signage placed in area)  |  |  |  |
| Are there any running toilets or taps which need repairing?  |  |  |  |
| Do any light tubes need replacing or look unstable? |  |  |  |
| Do any of the ceiling tiles look unstable? (potential to fall from the roof)  |  |  |  |
| Are there any broken fixtures that require repairing? |  |  |  |
|  **Offices**  | **Yes** |  **No** | **Actions Required**  |
| Are the floors clean?  |  |  |  |
| Are the floors slippery?  |  |  |  |
| Are any of the carpets uneven? (potential for someone to trip)  |  |  |  |
| Do any of the light tubes need replacing? |  |  |  |
| Are any of the ceiling tiles stained or need replacing? |  |  |  |
| Are any of the ceiling tiles or lights unstable? (potential to fall from the ceiling)  |  |  |  |
| Are there any sharp or solid objects, within the office area, which staff or other could brush against? (potential to hurt themselves) |  |  |  |
| Are stairs, stairwells, and landings kept clear and unobstructed? |  |  |  |
|  **Lifts**  | **Yes** | **No** | **Actions Required**  |
| Is the lift motor room well lite and in a tidy condition?  |  |  |  |
|  Is the air conditioning operating correctly? |  |  |  |

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| **Car Parks** | **Yes** | **No** | **Actions Required**  |
| Are the lights operating? |  |  |  |
| Could any lights or other items, on the ceiling, fall because they appear to be unstable?  |  |  |  |
| Have you identified any unauthorized parking? |  |  |  |
| Are there traffic hazards in the car park? |  |  |  |
| **Rubbish Room**  | **Yes** | **No** | **Actions Required**  |
| Is the rubbish room free of trip hazards and other items that someone could bump into? |  |  |  |
| Has rubbish been appropriately segregated? (i.e. paper and cardboard in recycling bins etc.)  |  |  |  |
| **Grounds**  | **Yes** | **No** | **Actions Required**  |
| Are there any fallen branches on the grounds?  |  |  |  |
| Do any of the tress look unstable? (risk of falling)  |  |  |  |
| Is any of the furniture broken?  |  |  |  |
| Have any items been grafitied?  |  |  |  |
| Are walkways clear and in good condition? Are there any holes or trip hazards where people may work?  |  |  |  |
| Is security lighting functioning properly?  |  |  |  |

 **Summary of Actions Taken to Resolve the Issues Identified**

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| --- | --- | --- | --- |
| **Target Completion Date** | **Responsible Person**  | **Actions Taken**  | **Date Resolved**  |
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