

Tool 8 (B) Sample inspection check sheet

Classroom:	Control in place		Comment/Safety action required	Responsibility	Date closed
Assessed by:					
	Y	N			
Housekeeping					
Floor free from trip/slip hazards?					
Emergency exits/routes & passageways clear?					
Items stored appropriately?					
Raw materials adequately stored?					
All tools and equipment stored safely and securely?					
All waste cleared?					
Fire safety					
Fire equipment pins and seals in place?					
All fire equipment gauges reading correctly (i.e. in green)?					
Equipment mounted, serviced, accessible and undamaged?					
Emergency exits indicated, illuminated & easily opened?					
All sockets, switches, plugs & cables free from damage?					
Any sockets overloaded? Switch/fuse boards locked?					
Working environment & welfare					
All furniture & fittings in good repair?					
All light fittings working functioning?					
First-aid kit accessible and appropriately stocked?					
Relevant safety signs & markings in place?					

If response is 'no' state what action is required and who is responsible.

Signed					
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