**In-Rooms Safety Checklist**

Conduct inspection every 6 months. Take any actions within the therapist's control. Report other issues to landlord (in writing) and request action be completed.

Conducted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Design Inspection Checklist | Very Good | Satisfactory | Not  Satisfactory | Comments/Actions |
| --- | --- | --- | --- | --- |
| **Electrical**  No damage to electrical fixtures/cables  Electrical items inspected and tagged  No double adaptors used  No leads on floor – trip hazard  Extension cords are only used for temporary purposes  Lights Working | □  □  □  □  □  □ | □  □  □  □  □  □ | □  □  □  □  □  □ |  |
| Fire & EXIT Fire Extinguishers (inspected within 6 months)  Fire EXIT signs in place and working – red light is ON  Egress/way out passages clear of obstruction, sign overhead  Smoking rules observed  Fire Compliance Certificate on display | □  □  □  □  □ | □  □  □  □  □ | □  □  □  □  □ |  |
| **General environment**  Safe access / egress  No evident trip hazards  No sharp corners / catch points (eg hinges) in therapy areas  Heating / cooling adequate for client group  Air-con filters cleaned  Lights Working | □  □  □  □  □  □ | □  □  □  □  □  □ | □  □  □  □  □  □ |  |
| Housekeeping General area clean & tidy  Floor kept clean free of trip hazards | □  □ | □  □ | □  □ |  |
| Equipment Integrity / maintenance of equipment (eg swings, bikes)  Calibration completed (if required) | □  □ | □  □ | □  □ |  |
| Infection Control Hand-washing facilities in place  Waste management  Linen appropriately rotated  Equipment / toy cleaning practices followed | □  □  □  □ | □  □  □  □ | □  □  □  □ |  |
| Storage - following safely stored Equipment/toys/materials/books/choke/sharp objects  Client files stored securely  Cupboard safely stacked inside and on top | □  □  □ | □  □  □ | □  □  □ |  |
| Workstations Desks / chairs in good repair  Computer equipment is ergonomically arranged | □  □ | □  □ | □  □ |  |

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| --- |
| **Follow-up Required:**  **Date Completed:** |