**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 | NotSatisfactory | Comments/Actions |
| --- | --- | --- | --- | --- |
| **Electrical** No damage to electrical fixtures/cablesElectrical items inspected and taggedNo double adaptors usedNo leads on floor – trip hazardExtension cords are only used for temporary purposesLights Working | □□□□□□ | □□□□□□ | □□□□□□ |  |
| Fire & EXITFire Extinguishers (inspected within 6 months) Fire EXIT signs in place and working – red light is ONEgress/way out passages clear of obstruction, sign overheadSmoking rules observedFire Compliance Certificate on display | □□□□□ | □□□□□ | □□□□□ |  |
| **General environment** Safe access / egressNo evident trip hazardsNo sharp corners / catch points (eg hinges) in therapy areasHeating / cooling adequate for client groupAir-con filters cleanedLights Working | □□□□□□ | □□□□□□ | □□□□□□ |  |
| HousekeepingGeneral area clean & tidyFloor kept clean free of trip hazards | □□ | □□ | □□ |  |
| EquipmentIntegrity / maintenance of equipment (eg swings, bikes) Calibration completed (if required) | □□ | □□ | □□ |  |
| Infection ControlHand-washing facilities in placeWaste managementLinen appropriately rotated Equipment / toy cleaning practices followed | □□□□ | □□□□ | □□□□ |  |
| Storage - following safely storedEquipment/toys/materials/books/choke/sharp objects Client files stored securelyCupboard safely stacked inside and on top  | □□□ | □□□ | □□□ |  |
| WorkstationsDesks / chairs in good repairComputer equipment is ergonomically arranged | □□ | □□ | □□ |  |

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