

This checklist has been developed to assist property owners with identifying and addressing common property risks and insurance requirements, this checklist is a generic guide and does not cover all possible hazards and risks.

INSPECTION DETAILS:

Date:	
Property location:	
Responsible person:	

INSTRUCTIONS AND CHECKLIST:

Where items / areas are assessed as no, document the corrective action that needs to be taken in the corrective actions section and track actions through to completion.

Building	Assessment
Is the roof in good condition and free from obvious damage such as corrosion, roof leaks or lifting panels.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are gutters and down pipes clear and free from obvious damage such as corrosion, cracking and leaks.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is structural timber in good condition and free from obvious damage such as water damage, deterioration / rotting or termite damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is structural steel in good condition and free from obvious damage such as impact damage, corrosion or removed / cut out sections.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external walls in good condition and free from obvious damage such as impact damage, corrosion, water damage, deterioration / rotting, termite damage or removed sections.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are internal walls and ceilings in good condition and free from obvious damage such as impact damage, corrosion, water damage, deterioration / rotting, termite damage or removed sections.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are floor areas and fixtures in good condition and free from obvious damage such as impact damage, corrosion, deterioration / rotting, loose or lifting floor fixtures and uneven surfaces.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are stairs, decking and railings in good condition and free from obvious damage such as loose steps or hand rails, corrosion, deterioration / rotting or removed sections.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are stairs and landings fitted with anti-slip protection provisions such as nosing / capping, anti-slip tape of other anti-slip fixtures.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are glass doors, windows and frames in good condition and free from obvious damage such as broken glass, broken frames, damaged handles and locks or deteriorated seals.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has an asbestos assessment been conducted for the property in the past 5 years.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has an asbestos register been established and locations of asbestos containing materials identified.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Expanded polystyrene panels	Assessment
Are expanded polystyrene panels in good condition and free obvious damage such as impact damage and exposed polystyrene / core.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has a regular inspection schedule been established for inspection and maintenance of insulated / expanded polystyrene panels (minimum 3 monthly).	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are hot and cold work permit systems established for hot and cold works on or in close proximity to insulated / expanded polystyrene panels.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is storage of combustible materials such as timber, SAMPLE - INTENTIONALLY FADED materials at least 10 meters from insulated / expanded polystyrene panels.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is storage of hazardous substances and dangerous goods such as flammable or corrosive chemicals and flammable gases at least 10 meters from insulated / expanded polystyrene panels.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are electrical boards installed on insulated polystyrene panels fully enclosed and appropriate cement sheet backing installed between the panels and electrical boards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Parking areas	Assessment
Are parking areas sufficient, line marked and free from obvious damage such as potholes, ground deterioration or rubble.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is adequate lighting installed to ensure parking areas are visible in low light / night periods.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Signage, access paths and walkways	Assessment
Is signage installed at access points and operational areas including restricted access, forklifts in use, personal protective equipment, security monitoring and legible.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are access paths and walkways sufficient and free from obvious damage such as potholes / raised edges.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are access paths and walkways adequately maintained and free from obstructions and trip hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are access paths and walkways segregated from vehicles or mobile plant with line marking and barriers.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	
Impact protection	Assessment
Are wheel stoppers installed to prevent vehicles coming into contact buildings or rollaway vehicles.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are impact bollards installed to prevent vehicles and mobile plant coming into contact with fixed assets including fire hydrants, electrical boards, external gas fittings and entry points to warehouse areas.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are wheel stoppers and or impact bollards installed to prevent vehicles obstructing access points and emergency exits.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
External housekeeping	Assessment
Are external areas within 10 meters of the building maintained and free from overgrowth such as weeds, long grass and other natural growth that may contribute to a fire load.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external areas within 10 meters of the building free from storage of combustible materials such as timber, pallets, cardboard, paper and other similar materials.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external areas within 10 meters of the building free from storage of hazardous substances and dangerous goods such as chemicals, fuels, oil drums and gas cylinders.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external common areas and operational areas maintained and free from obstructions and or trip hazards which may pose a risk to staff, visitors or the public.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Plant and equipment	Assessment
Has a preventative maintenance schedule been established for plant and equipment to ensure that plant and equipment is maintained in line with or above manufacturers and compliance requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is equipment and machinery fitted with safety devices such as guarding, emergency stop button, interlocks, extraction systems, automatic shutdown devices, thermal detection and alarms.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are plant and equipment areas identified as restricted areas and plant and equipment operators appropriately trained and competent.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire extinguishers installed in proximity to plant and equipment and distribution boards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are critical spare parts held onsite and contingency arrangements in place in the event of extended downtime of business critical plant and equipment or the property is not accessible.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are plant and equipment areas accessible, maintained and appropriate cleaning frequencies established to prevent dust accumulation, build-up of combustible materials or congestion hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are traffic management provisions in place for mobile plant and vehicle movements such as a traffic management plan, speed limit, barriers, line marking, speed limiters on forklifts and restricted areas.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are electric forklift charging stations located at least 10 meters away from insulated polystyrene panels, combustible materials, hazardous substance and dangerous goods.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If electric forklift charging stations located near insulated polystyrene panels, is appropriate cement sheet and checker plate installed on insulated polystyrene panels in the charging area.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Racking systems	Assessment
Are racking systems in good condition and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are racking systems appropriately anchored / bolted to the floor (minimum 2 bolts per upright).	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are safe work load placards installed identifying load / weight / storage information and limitations.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	
Is a clear space of at least 1m maintained from sprinkler heads, the underside of the roof and beams.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is racking guarding / edge protection installed at the ends of racking systems.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are racking isles adequately maintained, free from instructions and isolated for picking and packing.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Permit systems	Assessment
Is a hot work permit system in place and implemented for hot works.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a cold work permit system in place and implemented for insulated polystyrene panels.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Is a fire impairment permit system in place for planned and unplanned fire equipment impairments.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Hazardous substances and dangerous goods	Assessment
Is a documented hazardous substances and dangerous goods register or manifest in place.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are all containers / bottles correctly labelled and clearly marked.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are safety data sheets available for hazardous chemicals.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are larger quantities of chemicals stored in a bunded area and spill kit installed in close proximity.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are incompatible chemicals such as flammables and corrosives separated by at least 3 meters.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SAMPLE - INTENTIONALLY FADED	
Are flammable chemicals installed in a purpose built flammables storage cupboard.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are gas cylinders stored externally, secured in an upright position and located away from sources of ignition and impact risks.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are incompatible gas cylinders such as flammable and oxidising gasses separated by at least 3 meters.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are hazardous substances and dangerous goods stored away from sources of ignition and combustible materials such as timber, pallets, cardboard or other similar materials and away from distribution boards.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Electrical	Assessment
Is electrical equipment regularly inspected and maintained / test and tag system established.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is electrical equipment and outlets in good condition and free from obvious damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are electrical distribution boards fitted with safety switches and appropriately enclosed.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is thermal imaging of electrical switchboards conducted annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Security	Assessment
Are visitors and contractors required to sign-in and be escorted when accessing operational / restricted / work areas (internal and external).	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is security signage clearly visible at access points to the property and in legible condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are door locks latched, secure and in working condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are windows locked / latched and in working condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are windows, doors, roller doors, perimeter fence SAMPLE - INTENTIONALLY FADED e from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external security sensor lights installed, provide coverage to access points and in working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are security alarms installed, provide coverage of all building areas and in working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are security alarms installed and monitored by a back to base monitoring service.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are access doors and roller doors fitted with REED switches and monitored.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are security cameras installed, unobstructed and in working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Fire protection and emergency	Assessment
Is a no smoking policy in place, signage installed and designated smoking areas established.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a self-extinguishing butt bin / container installed in the designated smoking area.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire extinguishers in place and maintained on a 6 monthly basis.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire hydrants in place, maintained on a 6 monthly bases and flow test completed annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire sprinklers in place, maintained on a 6 monthly bases and flow test completed annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Are block plans installed for hydrant systems, sprinkler systems and alarms.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a fire indicator panel system installed and maintained on a monthly basis.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is fire equipment appropriately signed, accessible and free from obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are there adequate directional notices and signage for fire exits. SAMPLE - INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are emergency exits accessible and free from obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is an emergency evacuation plan displayed (including assembly area).	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have fire wardens and first aiders been identified and trained.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has an emergency evacuation test been conducted in the last 12 months.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

CORRECTIVE ACTIONS:

Actions:	Responsibility:	Timeline:	Completion:

INSPECTION COMPLETION:

Inspection closed:	All corrective actions complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsible person name:	
Responsible person signature:	
Date:	