

This checklist has been developed to assist property owners with protecting their property while it is unoccupied, 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.

General	Assessment
Has a property inspection schedule been established to ensure that property protection and security is regularly assessed using this checklist and other relevant inspection tools.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are deadlocks installed on all doors and appropriate locks installed on windows and other access points such as roller doors and all keys accounted for.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is security signage installed at property access points warning that the property is security monitored / under CCTV surveillance.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Has your insurance broker / insurer been advised that the property is vacant and advised of the property protection / security provisions you have in place including inspection schedule.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Security	Assessment
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 fencing and other access points intact and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are external security sensor lights installed, provide coverage of access points and in working order. SAMPLE - INTENTIONALLY FADED	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 security cameras installed, unobstructed and in working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
External areas	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 SAMPLE - INTENTIONALLY FADED es 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 general access paths maintained and free from obstructions and or trip hazards which may pose a risk to visitors or the public.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Internal areas	Assessment
Have nonessential service been disconnected.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are gas valves and fixtures isolated and in a safe condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have combustible materials such as timber, pallet SAMPLE - INTENTIONALLY FADED erials been removed from the property.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Have hazardous substances and dangerous goods such as chemicals, fuels, oil drums and gas cylinders been removed from the property.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Fire protection	Assessment
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 SAMPLE - INTENTIONALLY FADED annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is fire equipment accessible and free from obstructions.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are fire alarm systems installed, in working order and regularly inspected and maintained.	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:	