

Laundry inspection checklist (monthly)

This checklist has been developed to assist operators with identifying and addressing laundry requirements, this checklist is a generic guide and does not cover all possible hazards, risks and compliance requirements.

Date: ____ / ____ / ____

Completed by: _____

Laundry reference or no: _____

Instructions: Tick the checklist items as you complete them, NA items not relevant, note down any actions issues (report all safety / maintenance issues).

Inspection and task checklist:	Inspection results (Yes, No or NA)	Comments / issues / actions:
Is laundry equipment (washing machines, dryers and iron) free from damage and wear and tear.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is laundry equipment free leaks and abnormal noises.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are water inlet hoses connected correctly and free from leaks, cracks and blockages.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are electrical connections secure, working correctly and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are lint filters, lint traps and lint screens clean / free from lint build up.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are wall and floor areas behind dryers clean / free from lint build up.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are dryer exhaust vents and ducting clean / free from lint build up.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	SAMPLE - INTENTIONALLY FADED
Is electrical equipment tested and tagged and test tags in date.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is fire equipment installed in the laundry and maintenance tags in date (must be inspected 6 monthly)	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Have maintenance requirements been reported and recorded on the maintenance log.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Have any safety issues been identified which requires the laundry / equipment to be removed from service.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Have a final check been conducted to ensure the laundry is clean and in good condition.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	

Additional comments: