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# **Facility Condition Checklist**

**Building Name/Address;** ………………………………………………………….

**Date of this Inspect.**  …/…./... **Last Inspect.** …/…./… **Next Inspect;** .../..../...

**Inspector(s) Name(s);** …………………………………………………………………………….

***Scope;*** *The prime function of this form for Councils is likely to be for building maintenance planning and budgeting but Section 2 has been added to enable identification of property risk exposures which are not always maintenance related i.e. can arise from malicious acts or unexpected storms. Section 3 has been included to enable basic OH&S and public liability issues to be identified. Although it is expected the Building Maintenance Department or equivalent will be the prime user of this form, there is no reason why occupants could not use it or at least the Property Risk Exposure and Injury/Illness sections of it, particularly at higher risk sites.*

**Section 1: Maintenance Condition** (*Wear and Tear)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Condition**  ***🗸*** *or* ***🗴*** | **Remedial Action or Comments**  *Complete if* ***🗴*** *is entered at “Condition”* | **Priority**  **High, Med, Low** | **Compl.**  **Date** |
| *Fences/Paths* |  |  |  |  |
| *External Walls* |  |  |  |  |
| *Roof/Gutters* |  |  |  |  |
| *Doors* |  |  |  |  |
| *Windows* |  |  |  |  |
| *Drainage* |  |  |  |  |
| *Internal Walls* |  |  |  |  |
| *Ceilings* |  |  |  |  |
| *Electrical* |  |  |  |  |
| *Plumbing/Gas* |  |  |  |  |
| *Equipment* |  |  |  |  |
| *Emerg. Exits* |  |  |  |  |
| *Emerg. Light.* |  |  |  |  |
| *Fire Equipm.* |  |  |  |  |
| *Other……….* |  |  |  |  |

**Comments:**

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**Section 2: Property Exposures** *(Exposures to malicious/accidental/extreme weather acts)*

**2.1 Fire Exposures** – ***Realistic Exposures****; public access to combustible materials, excessive vegetation, hazardous/dangerous substances, faulty electrical wiring/overloaded circuits, un-serviced water heaters.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk Condition | Action required | **Action by; Due by; Monit. by Date Com.** | | | |
| a)  b)  c) |  |  |  |  |  |

**2.2. Security: Burglary/Theft/Vandalism**  **- *Realistic Exposures;*** *access to unauthorised areas (eg. under buildings or access to roofs via fences), unsecured locks/doors/windows/skylights, attempted break-in or security systems by passed, portable equipment (e.g. laptops, ride on mowers) or cash visible/accessible to the public.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk Condition | Action required | **Action by; Due by; Monit. by Date Com.** | | | |
| a)  b)  c) |  |  |  |  |  |

**2.3. Water/Storm** **- *Realistic Exposures;*** *Internal sources: plumbing condition, hot water units-overflow drainage, external sources: floor level at/below ground level, roofing/gutters blocked with vegetation, disconnected to drains, loose roof/wall sheets, downpipes damaged, drains blocked or open and vulnerable to obstructions*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk Condition | Action required | **Action by; Due by; Monit. by Date Com.** | | | |
| a)  b)  c) |  |  |  |  |  |

**Section 3: Injury/Illness Exposures** *(e.g. to all occupants/visitors i.e OH&S and public liability)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Condition**  ***🗸*** *or* ***🗴*** | **Remedial Action or Comments**  *Complete if* ***🗴*** *is entered at “Condition”* | **Priority**  **High, Med, Low** | **Compl.**  **Date** |
| *\*Slips/falls* |  |  |  |  |
| *\*Manual Handling* |  |  |  |  |
| *\*Ventilation/Lighting* |  |  |  |  |
| *\*Hazardous Matls./ Dang. Goods* |  |  |  |  |
| *\* Emergency Evac.* |  |  |  |  |
| *\*Other ………….* |  |  |  |  |

**Lead Inspector Signature:** …………………………………… **Date:** .../..../....