

Venue:

Date:

Staff:

Smoke Alarm	Test Successful	Clear from cobwebs/dust	Clear from disruptions	Comments
Staff/Sleepover Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purple Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toy Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lounge Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No - Requires Attention	Comments
Fire Extinguisher			
Extinguisher has not been fired and needle is in the green area	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguisher is still in date	<input type="checkbox"/>	<input type="checkbox"/>	
No obvious physical damage evident	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Blanket			
Located in an accessible place	<input type="checkbox"/>	<input type="checkbox"/>	
No obvious physical damage evident	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation Pack			
Evacuation procedure and floorplan	<input type="checkbox"/>	<input type="checkbox"/>	
Participant's information	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contact numbers	<input type="checkbox"/>	<input type="checkbox"/>	
Working flashlight	<input type="checkbox"/>	<input type="checkbox"/>	
First-Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	
High-visibility vest and hat	<input type="checkbox"/>	<input type="checkbox"/>	
Incentives for participants	<input type="checkbox"/>	<input type="checkbox"/>	
Pen and notebook	<input type="checkbox"/>	<input type="checkbox"/>	

Evacuation			
Floor plan is displayed and up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Primary evacuation route is clear	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary evacuation route is clear	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical			
Electrical appliances are clean and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	
Cords and power sockets are intact	<input type="checkbox"/>	<input type="checkbox"/>	
Powerboards are not overloaded and used according to manufacturer's instructions.	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen			
Stove, oven, range hood and cooking area is free from built up grease, dust, and oil.	<input type="checkbox"/>	<input type="checkbox"/>	
Combustibles such as paper/tea towels are away from cooking and heat sources.	<input type="checkbox"/>	<input type="checkbox"/>	
BBQ & Outdoor			
Gas bottle test is current	<input type="checkbox"/>	<input type="checkbox"/>	
No obvious physical damage evident including hose	<input type="checkbox"/>	<input type="checkbox"/>	
No dry grass clippings, etc. on the property.	<input type="checkbox"/>	<input type="checkbox"/>	

Other Comments:

Are there any actions needing to be taken:

Yes

No

Please provide details of actions to be taken to resolve the issue within a 24-hour period: