

In-Rooms Safety Checklist

Conduct inspection every 6 months. Take any actions within the therapist's control. Report other issues to landlord (in writing) and request action be completed.

Conducted By _____

Date _____

Design Inspection Checklist	Very Good	Satisfactory	Not Satisfactory	Comments/ Actions
Electrical No damage to electrical fixtures/cables Electrical items inspected and tagged No double adaptors used No leads on floor – trip hazard Extension cords are only used for temporary purposes Lights Working	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fire & EXIT Fire Extinguishers (inspected within 6 months) Fire EXIT signs in place and working – red light is ON Egress/way out passages clear of obstruction, sign overhead Smoking rules observed Fire Compliance Certificate on display	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
General environment Safe access / egress No evident trip hazards No sharp corners / catch points (eg hinges) in therapy areas Heating / cooling adequate for client group Air-con filters cleaned Lights Working	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Housekeeping General area clean & tidy Floor kept clean free of trip hazards	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Equipment Integrity / maintenance of equipment (eg swings, bikes) Calibration completed (if required)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Infection Control Hand-washing facilities in place Waste management Linen appropriately rotated Equipment / toy cleaning practices followed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Storage - following safely stored Equipment/toys/materials/books/choke/sharp objects Client files stored securely Cupboard safely stacked inside and on top	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Workstations Desks / chairs in good repair Computer equipment is ergonomically arranged	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Follow-up Required:

Date Completed: