|  |
| --- |
| **Record Sheet for 20…………. Record of Routine Safety Checks for: *RECEPTION, OFFICE***  |
| **January (Full Date)** | **February** (Full Date) | **March** (Full Date) |
| Safety IssuesInspected: | *Escape Routes / Slips & Trips / Fire Hazards* *Fire Detection & Alarm / Emergency Lighting* *Fire Extinguishers / Normal Lighting* *First Aid Kit / Asbestos / Machinery & Equipment* | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  |
| Comment: |  | Comment: |  | Comment: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Signature: |  | Signature: |  |

|  |  |  |
| --- | --- | --- |
| **April (Full Date)** | **May (Full Date)** | **June (Full Date)** |
| Safety IssuesInspected: | *Escape Routes / Slips & Trips / Fire Hazards* *Fire Detection & Alarm / Emergency Lighting* *Fire Extinguishers / Normal Lighting* | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  | Safety IssuesInspected: | *Fire Detection & Alarm**Emergency Lighting**Evacuation Drill*  |
| Comment: |  | Comment: |  | Comment: |  |
|  |  |  |  |  |  |
| Signature: |  | Signature: |  | Signature: |  |

|  |  |  |
| --- | --- | --- |
| **July (Full Date)** | **August (Full Date)** | **September (Full Date)** |
| Safety IssuesInspected: | *Escape Routes / Slips & Trips / Fire Hazards* *Fire Detection & Alarm / Emergency Lighting* *Fire Extinguishers / Normal Lighting* *First Aid Kit* | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  |
| Comment: |  | Comment: |  | Comment: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Signature: |  | Signature: |  |

|  |  |  |
| --- | --- | --- |
| **October (Full Date)** | **November (Full Date)** | **December (Full Date)** |
| Safety IssuesInspected: | *Escape Routes / Slips & Trips**Fire Hazards / Fire Detection & Alarm Emergency Lighting / Fire Extinguishers**Normal Lighting* | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  | Safety IssuesInspected: | *Fire Detection & Alarm* *Emergency Lighting*  |
| Comment: |  | Comment: |  | Comment: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Signature: |  | Signature: |  |

|  |
| --- |
| ***Safety Routine Inspections by Safety Reps. or Assistance for: CHURCH / HALL / PARISH CENTRE / PRESBYTERY / OFFICE***  |
| **SAFETY ISSUE** | **DURATION** | **MAIN POINTS** |
| **ESCAPE ROUTES**  | 3 monthly | ***Exit Doors****: Easy to open, unobstructed and available to use.* ***EXIT Signs:*** *Displayed by exits.* ***Stairs & Steps*** *illuminated & with secure guard & safety rails.* ***Balconies, Corridors & Aisles*** *unobstructed and available to use.* ***Fire Doors:*** *Maintained self-closing or locked shut & provided with signage****Safety or Fire Glazing*** *installed where identified (low level or on escape route).* |
| **SLIPS & TRIPS** (Eliminated) | 3 monthly | *Entrances & Exits / Stairs & Steps / Balconies / Corridors / Aisles / External Paths / Car Parks. Clear of slip & trip hazards* |
| **FIRE HAZARDS** (Controlled) | 3 monthly | ***Ignition Sources:*** *E.g. Candles / Electrical /Hot Surfaces /Naked Flames****Fuel Sources:*** *E.G. Gas & Gas Cylinders, Petroleum & general Combustibles)* |
| **FIRE DETECTION & ALARM** | weekly ormonthly or3 monthly | ***Full Fire Alarm System*** */* ***Mains Smoke Alarms*** */* ***Battery Smoke Alarms****(Full Fire Detection & Alarm Systems tested weekly to be recorded in Log Book) (systems/units operated / silenced & re-set). Batteries replaced in single point and mains linked units if required* |
| **EMERGANCY LIGHTING** | monthly or3 monthly | *All units operated using TEST switch or mains isolation.**Report defects: Failure to illuminate defective build or circuit or Dim illumination, defective battery* |
| **EXTINGUISHERS / BLANKETS** | 3 monthly | *Visual check – equipment provided in accordance with contractors INVENTORY.**Serviced - Signed & Dated / In Correct Location / Fully Charged / Tag In Place / Wall Mounted* |
| **NORMAL LIGHTING**  | 3 monthly | *Switch on the lighting units. Note bulb failures and arrange for replacement.*  |
| **FIRST AID KIT**  | 6 monthly | *Correct location / Accessible / Identified / Inventory checked & initialled with date, Located with HSE compliant Accident Book & with completed sheets removed.* |
| **EVACUATION DRILL** | Yearly | *(Exercising the Evacuation Plan) Evacuation of Church or Hall to an assembly point using available Exits (especially the alternatives), with the assistance of Stewards taking into account those with disabilities, the elderly and children.*  |
| **ASBESTOS** Containing Material (ACMs) | Yearly | *Visual check to see if there is any obvious deterioration / damage to ASBESTOS containing materials.* *(Refer to last Asbestos Survey Report for location)* |
| **MACHINERY / EQUIPMENT** | Yearly | *Petrol driven Mowers, Strimmers, Trimmers etc. Serviced. Ladders serviced.**Electrical Equipment PAT Tested. ALL : Engine / Guards / Blades / ON – OFF switches in working order* |

**Safety Action Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Item No.* | *Safety Issue* | *Defect / Hazard* | *Date Reported* | *Action By* | *Date Completed* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |