

ACCOMMODATION INSPECTION CHECKLIST

Inspected By:		Company:	
Location:			
Inspection Date:			
Next Inspection Date:			


Checklist	Compliance	Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
General Working Environment				
1. Are the general work areas tidy and free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



SAMPLE

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9.	Is the temperature as comfortable as it can be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
10.	Are all areas free from odors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
11.	Are noise levels acceptable or controlled to an adequate level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
12.	Is ventilation adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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Emergency Management							
13.	Has all alarm systems, clearly visible and up to date been tested from the main fire, to ensure they are working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
14.	Has all alarm systems been tested from the main fire, to ensure they are working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
15.	Is the alarm system in the main building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
16.	Is the alarm system in the main building, to ensure they are working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			

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30.	Are applicable PPE requirements displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
31.	Is PPE stored appropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Hazardous Chemicals							
32.	Are hazardous chemicals stored in appropriate containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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51.	Are dryer filters clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
52.	Are drains (floors and sink) clear and free flowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
53.	Are taps free from drips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Kitchen and Food Preparation Areas							



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67.	Is the barbeque safe and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
68.	Is the gas supply secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
External Areas							



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Inspection Summary / Additional Comments
