

<b>FORM</b>	
<b>PLANNED GENERAL INSPECTION</b>	

Location:	Date:
Inspection Undertaken:	Title:

Part A – All Premises			
Acts:	Yes	No	Comments
Were staff observed to be adhering to local instructions / safe methods of working?	<input type="checkbox"/>	<input type="checkbox"/>	
Was equipment being used correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
Is visitor and contractor access controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
Was staff behavior acceptable (e.g. no horseplay)?	<input type="checkbox"/>	<input type="checkbox"/>	
Conditions:	Yes	No	Comments
External lighting is fully operational	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature is reasonable	<input type="checkbox"/>	<input type="checkbox"/>	
Is there noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets and facilities, clean, ventilated and adequately lit	<input type="checkbox"/>	<input type="checkbox"/>	
Mess facilities, clean, ventilated and adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	
Office facilities, clean, ventilated and adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire exits are clearly signed and are unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm / smoke alarms test in date and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tested, dated and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid boxes up to date?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting tested in date and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency plan available and briefed to staff?	<input type="checkbox"/>	<input type="checkbox"/>	
Litter / rubbish not accumulating inside the buildings?	<input type="checkbox"/>	<input type="checkbox"/>	
Waste disposal is being managed?	<input type="checkbox"/>	<input type="checkbox"/>	

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### Part A – All Premises

Rooms clear of obsolete / unused equipment / rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted areas are adequately secured?	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical or substances are correctly stored?	<input type="checkbox"/>	<input type="checkbox"/>	
Unauthorized access prevented by security measures?	<input type="checkbox"/>	<input type="checkbox"/>	
Existing faults already reported?	<input type="checkbox"/>	<input type="checkbox"/>	
Walking routes clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Notice boards are up to date (Policies, Emergency / Fire arrangements, First Aid information etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

### Part B – Where Applicable

B1. Work Equipment	Yes	No	Comments
Equipment is adequately maintained and free from defect	<input type="checkbox"/>	<input type="checkbox"/>	
The equipment inventory is accurate	<input type="checkbox"/>	<input type="checkbox"/>	
Appliances are functional with no obvious defects and within date	<input type="checkbox"/>	<input type="checkbox"/>	
No unauthorized substances present	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment in good order	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders or steps are secure and within test date	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical installation test within date	<input type="checkbox"/>	<input type="checkbox"/>	
B2. Station / Public Areas	Yes	No	Comments
Public area illumination is adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Platform surfaces are maintained in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Platform Screen Gates in good working order	<input type="checkbox"/>	<input type="checkbox"/>	
Walls and gates intact and safe	<input type="checkbox"/>	<input type="checkbox"/>	
Public areas and platform free from rubbish	<input type="checkbox"/>	<input type="checkbox"/>	

## Part B – Where Applicable

Circulating areas cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Non-public areas are secured	<input type="checkbox"/>	<input type="checkbox"/>	
Infrastructure defects reported to maintainer	<input type="checkbox"/>	<input type="checkbox"/>	
No smoking areas indicated and enforced	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B3. Buildings / Services</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Walkways are in good order	<input type="checkbox"/>	<input type="checkbox"/>	
Security arrangements are in order and operational	<input type="checkbox"/>	<input type="checkbox"/>	
CCTV installations are operational	<input type="checkbox"/>	<input type="checkbox"/>	
FM200 in order and operational	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted areas secured	<input type="checkbox"/>	<input type="checkbox"/>	
Building is water tight i.e. no damp patches or leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Correct signage is in place e.g. "fire exits"	<input type="checkbox"/>	<input type="checkbox"/>	
Visible gutters and drains are clear and operational	<input type="checkbox"/>	<input type="checkbox"/>	
Unoccupied rooms are secure and free of rubbish.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B4. Records</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Operational Notices displayed / briefed as required	<input type="checkbox"/>	<input type="checkbox"/>	
Incident Response Manual up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Permit to Work Records up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-opening inspection records up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Risk Assessment up to date	<input type="checkbox"/>	<input type="checkbox"/>	
Sign In Records maintained and up to date	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B5. Worksite</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>	

## Part B – Where Applicable

Local Work Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Permits to Work / access	<input type="checkbox"/>	<input type="checkbox"/>	
Method Statements	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Substances Assessments	<input type="checkbox"/>	<input type="checkbox"/>	
Plant / Machinery Licenses	<input type="checkbox"/>	<input type="checkbox"/>	
PPE (Hi-Vis Clothing, Eye Protection, Footwear, Head Protection, Respirator, Gloves etc.) in use	<input type="checkbox"/>	<input type="checkbox"/>	
Tools and Equipment needed for the task present and in good order	<input type="checkbox"/>	<input type="checkbox"/>	
Worksite Protection Installed (e.g. marker boards or marker lights, short circuit devices)	<input type="checkbox"/>	<input type="checkbox"/>	

Part C – Detailed Findings			
Non-Conformances and Actions Required	Priority*	By Whom	By When
* Priorities: Low / Medium / High / Critical			
Comments / Observations / Commendations			