

Health and Safety Inspection Form

Richmond Lodge Care Facility

Completed by:	Location:	Date:	Time:

Staff Sleep Rooms (Visual Condition)

Area/Location	YES	NO	Comment/Action
Is the furniture in a good state of repair?	<input type="radio"/>	<input type="radio"/>	
Are sockets overloaded?	<input type="radio"/>	<input type="radio"/>	
Are there any loose or trailing wires/cables?	<input type="radio"/>	<input type="radio"/>	
Are lights and fittings in a good state of repair?	<input type="radio"/>	<input type="radio"/>	
Is the carpet flat to floor?	<input type="radio"/>	<input type="radio"/>	
Are there any trip hazards?	<input type="radio"/>	<input type="radio"/>	

Lounge (Visual Condition)

Area/Location	YES	NO	Comment/Action
Is the furniture in a good state of repair?	<input type="radio"/>	<input type="radio"/>	
Are sockets overloaded?	<input type="radio"/>	<input type="radio"/>	
Are there any loose or trailing wires/cables?	<input type="radio"/>	<input type="radio"/>	
Are lights and fittings in a good state of repair?	<input type="radio"/>	<input type="radio"/>	
Is the carpet flat to floor?	<input type="radio"/>	<input type="radio"/>	
Are there any trip hazards?	<input type="radio"/>	<input type="radio"/>	

Other Items

Other (Specify): Window security	<input type="radio"/>	<input type="radio"/>	
Other (Specify): Fire exits clear	<input type="radio"/>	<input type="radio"/>	

Any brief comments:

Signed: _____ **Role:** _____ **Date:** _____

Urgent requests must be reported immediately, and practical measures must be taken to ensure the area or location is safe.