

ACCOMMODATION INSPECTION CHECKLIST

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

	Checklist	Compliance	Consequence / Comments	Actions By (Person)	Date Required
General					
1.	Are the general areas clear of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.	Are the special cabinets and equipment stored without risk?				
3.	Are walkways and floor areas clear of obstructions and trip hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.	Are floor surfaces and coverings even, not slippery and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.	Are stairways and stair treads in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.	Are handrails secure and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.	Are landings, verandahs and balconies clear of obstructions and are drainage outlets clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.	Are lighting and illumination adequate and operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
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			
Signage							
13.	Is first aid signage visible and does it contain details of first aid officers for the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
14.	Is an emergency program located in the near vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
15.	Are exit signs clearly illuminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
16.	Is building fire equipment accessible and clear of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Emergency Management							
17.	Are exit doors marked, clearly visible and can they be opened from inside (i.e. no padlocks)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
18.	Are exit corridors clear of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
19.	Is a first aid kit in the near vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
20.	Is fire equipment (e.g. fire blanket, extinguisher, hose reel, etc.) accessible and clear of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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