



CHURCH SAFETY AUDIT CHECKLIST

For completion annually by the Committee of Management

Indicate that follow-up is needed using the Maintenance Report.

LOCATION BEING AUDITED: _____

DATE/S OF AUDIT: _____

NAMES OF AUDITORS: _____

This checklist provides a general guideline for auditing risk management and is for informational purposes only. It does not cover all potential risks. The items listed in this checklist are those that generally appear to cause the most damage and result in the more frequent and severe claims. It is not an exhaustive list, and churches are encouraged to add items relevant to them.

ADMINISTRATION

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Is the WHS Manual available to all?				
2.	Do Committee Agendas include Safety topics?				
3.	Are Records of Reports and Forms current?				
4.	Are there any outstanding matters for follow-up?				
5.	Are Forms and Templates readily available?				
6.	Are the Church insurance policies current?				
7.	Are the levels of insurances reviewed annually?				
8.	Other				

FIRST AID

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Is the First-aid kit easy to find, with signage to clearly show the location?				
2.	Are the contents complete and current?				
3.	Other				

FIRE

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are any Fire hoses in good condition?				
2.	Are there enough fire extinguishers on site?				
3.	Are all Extinguishers in place and serviced up to date? Date of last service?				
4.	Is access to all extinguishers clear? (at least 1.5 metres clearance required)				
5.	Are all Fire exit signs in place and in working order?				
6.	What is the date of the last fire evacuation training?				
7.	Is the Sprinkler system maintenance current (if applicable)?				
8.	Is the Fire alarm system testing current? Date of last testing?				
9.	Other				

EMERGENCY EVACUATION

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Is the Emergency Plan current and on display near each exit? (Needs to be dated and reviewed every 5 years; or if the internal configuration of the building is altered in any way that changes the emergency exit routes).				
2.	Are the Assembly Area/s clearly identified?				
3.	Are all Exits clear of blockages?				
4.	Are all doors and windows able to open freely?				
5.	Do all hinged doors open outward?				
6.	Is all Emergency lighting operational? Date of last testing?				
7.	Are there Smoke detectors active in all buildings? Date of last testing?				
8.	Other				

ELECTRICAL

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are there any broken plugs, sockets or switches				
2.	Are there any frayed or damaged leads				
3.	Are there any un-taped temporary leads across floor				
4.	Are temporary power boards set up correctly?				
5.	Are accessible power points fitted with child protection?				
6.	Are portable power items in good condition?				
7.	Are fixed electrical items in good condition?				
8.	Is Earth Leakage Protection operative? Date of last testing.				
9.	Are RCD's* being tested every 6 months and register kept current?				
10.	Are the electrical tags on all equipment current (not necessary if RCD's installed in switchboard)?				
11.	Are all light fittings in good condition?				
12.	Are all air conditioning units well maintained? Date of last service.				
13.	Are lifts in good condition and service current (if applicable)				
14.	Does the electrical system need upgrading?				
15.	Other				

OFFICES AND ROOMS

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are there any exposed electrical leads?				
2.	Is air conditioning well maintained? Date of last service.				
3.	Are all filing cabinets stable and in good order?				
4.	Is all office machinery maintained regularly?				
5.	Is all office furniture in good repair and maintained?				
6.	Other				

WALKWAYS

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are there any slip hazards?				
2.	Are there any trip hazards?				
3.	Are all walkways clear of obstructions?				
4.	Are all stairways clear of blockages?				
5.	Is there a handrail installed if more than 4 stairs?				
6.	Are any ramps in good condition/accessible? (if applicable)				
7.	Is there a portable ramp easily accessible? (if applicable)				
8.	Are any sudden differences in floor height marked?				
9.	Are all carpets in good condition and no loose, fraying or threadbare areas?				
10.	Other				

STORAGE

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are all racks, shelves secure and in good condition?				
2.	Are materials stored safely and with Material Safety Data Sheets displayed if necessary?				
3.	Are all access ways clear?				
4.	Are all obsolete material discarded?				
5.	Are excessive weights managed and lifted in accordance with guidelines?				
6.	Is all maintenance equipment in good order?				
7.	Is all grounds equipment in good order?				
8.	Other				

CHEMICALS

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are all chemicals stored safely and with Material Safety Data Sheets displayed if necessary?				
2.	Are all items clearly and accurately labelled?				
3.	Is storage signage appropriate?				
4.	Are any specific instructions displayed?				
5.	Are all chemicals such as fuels, poisons locked and away from general usage areas?				
6.	Are any re-usable cleaning rags stored in metal containers?				
7.	Are all gas cylinders current and in good order?				
8.	Are relevant first-aid instructions displayed?				
9.	Are there spillage handling instructions displayed?				
10.	Other				

KITCHEN

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are all floors cleaned regularly?				
2.	Are all benches clean and in good condition?				
3.	Is refrigeration well maintained?				
4.	Are "out of date" items cleared from fridges regularly?				
5.	Are cooking equipment and vents maintained?				
6.	Are sharp items (eg knives) safely stored?				
7.	Are rubbish bins suitable and emptied regularly?				
8.	Are hot water facilities (eg urns) safe for use?				
9.	Are mops and buckets available for spills?				
10.	Are warning signs or cones available for use in wet areas?				
11.	Other				

SECURITY

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are all doors and windows in good condition?				
2.	Are all door and window locks in good order?				
3.	Is external night lighting adequate?				
4.	Does all Emergency lighting work as required?				
5.	Are there specific procedures in place for building lock-up?				
6.	Are working torches accessible in each building?				
7.	Other				

HEALTH IN GENERAL

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are "No smoking" signs displayed in public areas?				
2.	Is the location of Personal Protective Equipment (PPE) displayed?				
3.	Is the Safety noticeboard prominent and current?				
4.	Are ushers and greeters trained in how to handle violent/threatening situations?				
5.	Are food serving rules displayed/available?				
6.	Is sun protection cream available if necessary?				
7.	Are signs or mats provided for when floors are wet or spills occur?				
8.	Are all fans in working order and blades clean and safe?				
9.	Are any drink fountains clean?				
10.	Are all full-length glass doors properly marked?				
11.	Are all areas free from rodents and vermin?				
12.	Is the Pest control treatment current? Date of last service.				
13.	Is all insect screening in good order?				
14.	Are all Toilet and shower facilities in good order?				
15.	Are there adequate supplies in toilets and showers?				
16.	Are "Out of Order – Do Not Use" signs on hand if required?				
17.	Is any action required regarding asbestos status?				
18.	Other				

EXTERNAL

NO.	ITEM	COMMENTS	Y/N	FOLLOW UP REQ'D	N/A
1.	Are all car park markings clear?				
2.	Is carpark signage appropriate eg; disabled parking signage displayed?				
3.	Is carpark speed limit signage in place?				
4.	Is there adequate night lighting?				
5.	Are there any trees that pose a risk?				
6.	Is there any loose material lying about?				
7.	Are there any uneven surfaces with cracks or holes?				
8.	Are there any unsafe plants in gardens?				
9.	Are rubbish bins located in suitable areas?				
10.	Are rubbish bins sealed and well maintained?				
11.	Is there any weather damage or mould evident?				
12.	Is there any evidence of building structural problems?				
13.	Is there any evidence of roof deterioration or damage?				
14.	Are there any problems from adjoining properties?				
15.	Are all speed bumps and signs in good condition?				
16.	Is all playground equipment in good condition and maintained regularly? (These should be inspected regularly).				
17.	Is there a the need for car safety barriers to stop vehicles from hitting any buildings?				
18.	Other				

ADDITIONAL COMMENTS AND RECOMMENDATIONS

Signatures of Auditing Team
