



Inspection - Weekly 274 Checklist

274 Inspection _ Premises & House Keeping - Checklist

Item #	Prompt	Responses	Comments
1	1.0: HOUSE KEEPING	() Yes () No () N/A	
2	Access ways are clear and safe	() Yes () No () N/A	
3	Floors dry, clean and walkways free from obstruction	() Yes () No () N/A	
4	ICARE Rule/Standard is available, updated, and followed for all workstations.	() Yes () No () N/A	
5	Area demarcation paint work in place & in good condition	() Yes () No () N/A	
6	Lighting (natural & artificial) adequate and all lights working	() Yes () No () N/A	
7	Toilets (main office & Chem Lab) clean, soap & paper towel available,	() Yes () No () N/A	
8	Tea room in main office clean & maintained with fridge and microwave clean and working.	() Yes () No () N/A	
9	Appropriate storage and labelling of washing detergents/chemicals etc.	() Yes () No () N/A	
10	Tidiness of work areas (workstations and building area	() Yes () No () N/A	
11	Ergonomics – seating at work stations is ergonomically sound.	() Yes () No () N/A	
12	Adequate bins provided & waste disposal done correctly.	() Yes () No () N/A	
13	Ventilation in offices/smoko/conference rooms okay, and air condition is working	() Yes () No () N/A	
14	2.0: MECHANICAL, ELECTRICAL & PERSONAL SAFEGUARDING	() Yes () No () N/A	
15	All electrical equipment have current test & tag and in good condition	() Yes () No () N/A	
16	All circuit breakers are clearly labelled	() Yes () No () N/A	
17	Faulty equipment have out of service tag	() Yes () No () N/A	
18	3.0: FIRE PROTECTION AND PREVENTION	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
19	Fire Fighting Equipment (extinguisher, hydrant) available at appropriate location	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	Fire extinguishers fully charged, inspection tags fitted, and inspection current within 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21	Condition of fire extinguishers okay - check for physical damage, rust, colour coding.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22	Adequate signage, labelling and demarcation done for easy identification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23	Oil, fuel and flammable material are stored correctly or removed as required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24	Smoke detectors are fitted and operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25	4.0: HEALTH AND SAFETY	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26	Exit & emergency lights operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27	Building evacuation plan/map available, updated and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
28	Emergency Response Team Structure updated and posted on the notice board	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
29	Building Warden clearly indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30	Emergency Control Point in the main office building is updated and accessible to area wardens and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	