|  |  |
| --- | --- |
| **Oxford Brookes University logo image** | **Residential H&S Inspection Form** |
|  | OB-HAS-FORM-06 V2.4 |

| **Residencies Inspected** |  | |
| --- | --- | --- |
| **Inspected by:** | **Position** | **Date** |
|  |  |  |
|  |  |  |

| **ITEM** | | **Yes** | **No** | **N/A** | **Comments**  **(Specific location & brief details)** | **Further action required Y/N?**  **If Y - record on Form B** |
| --- | --- | --- | --- | --- | --- | --- |
| Previous Inspection | |  |  |  |
| 1. | Have all previous actions been completed? |  |  |  |  |  |

| **A) KITCHENS** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Good level of housekeeping with no ‘prohibited’ equipment |  |  |  |  |  |
| 2 | Fire fighting equipment present and in date |  |  |  |  |  |
| 3 | Equipment in sound working order (cookers, extraction units etc) |  |  |  |  |  |
| **B) FIRE SAFETY** | | | | | | |
| 1 | Detectors satisfactory |  |  |  |  |  |
| 2 | Emergency lights satisfactory |  |  |  |  |  |
| 3 | Evacuation within date |  |  |  |  |  |
| 4 | Emergency exit signage in place |  |  |  |  |  |
| 5 | Last emergency exit opens to clear area |  |  |  |  |  |
| **C) LIFTS** | | | | | | |
| 1 | Lifts working normally |  |  |  |  |  |
| 2 | Appropriate signage in place |  |  |  |  |  |
| **D) COMMUNAL AREAS & OFFICES** | | | | | | |
| 1 | Housekeeping |  |  |  |  |  |
| 2 | Electrical items satisfactory |  |  |  |  |  |
| 3 | Storage satisfactory |  |  |  |  |  |
|  |  |  |  |  |  |  |

| **Form B – Action Plan** | | | | |
| --- | --- | --- | --- | --- |
| Ref  No. | Action? | Who? | When (P1, P2, P3)? | Occupants Concerns Raised/Other Comments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Insert extra rows above as required*

**Priority: P1 = Action within 1 week, P2 = Action within one month, P3 = Action within three months**

**Actions will be transferred to CARR and should be updated using CARR**

**Staircase Inspection Checklist**

| **Stairwell Location** |  | **Date of Inspection** |  | **Review Date** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

| **Inspection checklist** | | | **Issue raised (add to action plan)** |
| --- | --- | --- | --- |
| **Lighting** | | | |
| Is lighting adequate? | Yes ☐ | No ☐ |  |
| Floor condition |  |  |  |
| Floor in good condition e.g. slippery, uneven surface, clean etc.? | Yes ☐ | No ☐ |  |
| Nosing protruding? | Yes ☐ | No ☐ |  |
| **Balustrade** | | | |
| Suitable, clean & in a good condition? | Yes ☐ | No ☐ |  |
| **Storage** | | | |
| No items stored under or near the staircase? | Yes ☐ | No ☐ |  |
| **Stairs** |  |  |  |
| Are stairways with four or more stairs equipped with standard stair rails or handrails? | Yes ☐ | No ☐ |  |
| Are steps on stairs & stairways designed or provided with slip-resistant surface? | Yes ☐ | No ☐ |  |
| When door/gate opens directly on stairway, is there adequate means to prevent person being struck? | Yes ☐ | No ☐ |  |
| If stairs exit directly into an area where vehicles operate, are appropriate barriers and warnings provided to prevent people from stepping into path of traffic (or vehicles parking in front of door, to prevent egress)? | Yes ☐ | No ☐ |  |