

Property loss prevention

Self inspection checklist



Please note: This is a Vero Insurance sample template only

Company/Division:

Inspected by:

Location:

Date inspected: / /

Any "No" response should be explained. Note specific problem, location and action taken or required.

Section 1 – General housekeeping

	Yes	No	N/A	Comments
Idle pallets/combustibles well clear of buildings external walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Battery chargers are kept clear of combustible items (minimum 2 metres)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All designated aisles and walkways are free from congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
External surroundings kept in a clean and tidy state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waste bins are secured during non-working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work areas are free from waste materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All work areas adequately illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors dry and slip resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors free of slip and trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency exits free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency lighting operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 2 – Management controls

Key staff trained in the use of fire fighting equipment*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Procedures are planned and tested*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoking rules are being obeyed and enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site Induction Procedures are being followed at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance checks for all contractors/third parties*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot Work Permits are issued and enforced at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Protection Impairment procedures are used accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insulated Sandwich Panel Work Permit used and enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Daily back-ups of IT records carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back-up tapes are stored off site nightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 3 – Electrical

No combustible storage within close proximity to switchboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switch/Server rooms are tidy and free from combustible storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All lighting is positioned adequately between racking systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No exposed electrical cabling on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical wiring is considered to be in good/safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temporary wiring and/or adaptor boards not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 3 – Electrical (continued)

	Yes	No	N/A	Comments
Portable leads tested/tagged to Australian Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lock Out/Tag out procedure adhered to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thermographic Scanning completed*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 4 – Security

Alarm system is tested and maintained on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Detectors are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
External security lighting is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fences, gates, doors and locks are operational and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security guard patrol records reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 5 – Special hazards

Dangerous Goods/Haz. Substance Risk Assessment current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDS (Material Safety Data Sheets) current and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas bottles are secured and stored in the upright position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Correct signage displayed (i.e. 'FLAMMABLE GAS – NO SMOKING')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate segregation of Dangerous Goods classes (3 metres separation between different gas classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protective clothing and equipment worn when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spill kit (s) available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No leaks or spillages around the general working area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable liquids stored in appropriate flammable liquid cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 6 – Fire protection

Fire Hose Reels

Servicing up to date and service tags marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hose reels are unobstructed and clearly visible/sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rewound with the nozzle correctly in the interlock position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Fire Extinguishers

Servicing up to date and service tags marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clearly visible, unobstructed and sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Type of extinguisher suitable for hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Automatic Sprinkler System

A current Block Plan is located on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the logbook on site current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
System tested and maintained and log books updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Status of defects known and actioned accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate clearance to sprinkler heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage heights appropriate for system design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Fire Hydrants

Servicing up to date and service tags marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unobstructed and easily identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flow tests conducted on a regular basis*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Fire alarm system

System tested and maintained as per Australian Standards requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Current logbook located at the main Fire Indicator Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 6 – Fire protection (continued)

Fire doors	Yes	No	N/A	Comments
Self-closing devices/doors working correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doors are kept closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doors are unobstructed and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Items

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Works identified during this inspection

Status of works identified during previous inspection

This inspection was conducted by:

Print name

Signature

Position Date / /

Approved by:

Print name

Signature

Position Date / /

Hazards identified or items requiring corrective action, during this inspection have been attended to by:

Print name

Signature

Position Date / /

*As a minimum requirement this should be carried out annually

The information contained in this Checklist is general in nature only and does not take into account your specific risks and hazards. No representation or warranty, express or implied, is made as to the completeness of this Checklist and you should consider whether it adequately covers all of your hazards and risks. Vero Insurance does not accept any legal responsibility or liability for negligence or otherwise to you or anyone else who seeks to rely on this Checklist. This includes, without limitation, loss arising from a possible failure of the Checklist to incorporate any applicable Australian Standards or identify any regulatory or statutory requirements or other risks or hazards beyond those mentioned in the Checklist.