

# Property loss prevention

## Self inspection checklist



**Please note: This is a Vero 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)**

<b>Fire doors</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
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

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