PART G - Annual Parish Safety Checklist

Date Completed:		Name of Parish:		Name of Building:	
Contact Number:		Person Completing Checklist:			

Complete this checklist annually as a minimum for all Parish buildings (including rectories) and maintain document for auditing purposes for 3 years.

*** = (does not include a rectory being used for residential purposes)**

1. Respond 'Yes', 'No' or 'N/A' to the questions in the 'Criteria' column.
2. For responses that are 'No', record the issues in the 'Issues' column and an action must be added.
3. At Parish Council, discuss issues, approve actions to resolve the issues and record actions in the 'Actions' column.
4. Assign each action to a person/s, with a completion date for the action. Record this in the 'Persons Responsible' and 'Timeframe' columns.

Criteria	Y	N	N/A	If No, describe the issue
Emergency Response				
Does the Parish have an agreed evacuation plan and assembly area?	☐	☐	☐	
With buildings containing multiple fire exits (e.g. exits which cannot be clearly seen) are evacuation diagrams in place at or near each fire exit? * note: all buildings greater than 300squre metres are required to have a evacuation diagram.	☐	☐	☐	
Do evacuation diagrams have a **'You are here'** displayed? *	☐	☐	☐	
Is the Emergency Response Poster and other Emergency posters displayed in prominent locations? *	☐	☐	☐	
Is the Emergency Contact Poster up to date? *	☐	☐	☐	
Is emergency evacuation information provided regularly to parishioners in the service announcements? *	☐	☐	☐	
Are evacuation paths to the assembly area clear of obstructions?	☐	☐	☐	
Is fire equipment clear of obstructions?	☐	☐	☐	
Are 12 monthly tests for smoke alarms completed?	☐	☐	☐	
Has an annual evacuation drill been practiced? *	☐	☐	☐	
Is the First Aid Kit fully stocked and up to date?	☐	☐	☐	
Is there a First Aid sign to show the location of the First Aid Kit? *	☐	☐	☐	
Do you have a qualified first aid officer on site?	☒	☐	☐	
Do you have defibrillator on site?	☒	☐	☐	
If you have a defibrillator on site does it have a maintenance schedule and who is trained in his use?	☐	☐	☐	
Have the Annual **Occupier Statement** (below) been completed in the last 12 months? *	☐	☐	☐	

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Electrical				
Are all safety switches tested and inspected every 6 months (push test only) and every 24 months by an electrician?	☐	☐	☐	
Are all electrical leads current with test and tag?	☐	☒	☐	
Are all double adaptors replaced with power boards?	☐	☐	☐	
Are all electrical sockets, leads and switches in good condition?	☐	☐	☐	
Is there any electrical equipment near water sources?	☐	☐	☐	
Criteria	**Y**	**N**	**N/A**	**If No, describe the issue**
Building Condition				
Are internal and external walls visually in sound condition e.g. holes, damage etc.)?	☐	☐	☐	
Are doors and windows visually in good condition?	☐	☐	☐	
Are locks in good condition?	☐	☐	☐	
Is guttering visually in good condition?	☐	☐	☐	
Is the building visually free of termite activity?	☐	☐	☐	
Are shelves in good condition, no bowing or sagging?	☐	☐	☐	
Are mower fuels stored in well ventilated areas and secured from unauthorised access?	☐	☐	☐	
Are floor surfaces and coverings in good condition?	☐	☐	☐	
Is there disability access to toilets?	☐	☐	☐	
Is there disability access to buildings?	☐	☐	☐	
Are steps, and ramp surfaces in good condition and non-slip?	☐	☐	☐	
Are handrails secure and in good condition, with no movement?	☐	☐	☐	
Are heaters and fans inspected annually, cleaned and in good condition?	☐	☐	☐	
Are air-conditioning systems inspected and records maintained?	☐	☐	☐	
Have you visually inspected all flexible plumbing hoses for damage?	☐	☐	☐	
Are pipe organs inspected and maintained to reduce fire risks? *	☐	☐	☐	
If you use IT equipment or office equipment or office equipment do you have a maintenance or replacement schedule of these items?	☐	☐	☐	
If you have a parish vehicle do you have a maintenance and replacement schedule for it?	☐	☐	☐	

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Outdoor Condition				
Do ramps meet the allowable ramp gradients which are: *The maximum allowable slope in any new construction is 1:12 with a maximum rise of 30" (76.2 cm) without a landing. A ramp with a slope between 1:12 and 1:16 can have a maximum horizontal length of 30' (9.14 m) without a landing.*				
Are handrails secure and in good condition, with no movement?	☐	☐	☐	
Have trip, slip & fall hazards on all pathways and walkways been eliminated, or if elimination is not possible - reduced to as low as reasonably possible (i.e. yellow paint, isolation barriers, signage, communication)? ***'consider wet conditions'***	☐	☐	☐	
Is there sufficient lighting on all pathways and walkways?	☐	☐	☐	
Have all trees been inspected for dead or unsafe branches and /or inspected by a qualified person (if required) for any common tree defects?	☐	☐	☐	
Is there a fenced area for children?	☐	☐	☐	
Hazardous Substances				
Are hazardous substances stored in a well-ventilated locked area, away from ignition sources? *	☐	☐	☐	
Is there a Parish hazardous substance register for required substances stored at the Parish? ***(see WHS Manual for further details) ******	☐	☐	☐	
Are all Safety Data Sheets up to date (within the last 5 years)? *	☐	☐	☐	
Criteria	**Y**	**N**	**N/A**	**If No, describe the issue**
General Requirements				
Have Parish Council, Clergy, Wardens and Parishioners responsible for Parish activities (such as Op Shop, events) completed a safety induction this year?	☐	☐	☐	
Does the Parish have an Asbestos Inspection Report, Asbestos Register or Management Plan and has they been reviewed by a Parish member within the last 5 years?	☐	☐	☐	
Is incident reporting communicated regularly to all Parishioners?	☐	☐	☐	
Are risk assessments completed prior to running Parish events/activities and lodged for approval with the diocese?	☐	☐	☐	
Are current insurance certificates and licences (where relevant) obtained from Contractors prior to delivery of works? E.g. asbestos removal (see Letter of Appointment)?	☐	☐	☐	

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Do you have a planned maintenance schedule for your equipment and building?	☐	☐	☐	
If you use IT equipment or office equipment or office equipment do you have a maintenance or replacement schedule of these items?	☐	☐	☐	
If you have a parish vehicle do you have a maintenance and replacement schedule for it?	☐	☐	☐	

To test your safety switch (RCD): Press the Test or "T" button. This should automatically trip the switch to the 'OFF' position.
Reset by pushing the switch back to 'on'. If it does not trip, contact your electrical contractor immediately.
This test must be carried out on all fixed safety switches every 6 months by a responsible person and every 24 months by a competent person (electrician).
Results of the tests **must** be recorded.

Occupier Statement – below

Note: The below Occupier Statement is legally required to be completed by building occupiers, to ensure that relevant maintenance standards are being met for the Queensland Fire and Emergency Services, under the Building and Fire Safety Regulations. The **Prescribed fire safety installation** column is not a list advising that your parish should have all items installed. Most parishes will have fire extinguishers, emergency exit lighting and perhaps a fire hose reel installed. **Note:** this does not mean that you may not have other items, for example a new building construction may have other **prescribed fire safety installations**. All parishes should confirm what installations they have and maintain these items as per Australian Standards. If you have any queries or concerns, please contact the Registrar on 49273188.

Yellow Highlights - Common items installed in parishes requiring maintenance and service checks.	**Blue highlights** – Fire safety items which may be installed.

Note - Delete prescribed fire safety installations that are not installed in/for the building.

Schedule 2 – *Occupier's* statement[1]

Name of building and address:			
***Prescribed fire safety installation*[2]**	**Nominated Australian Standard or relevant *maintenance* requirements[3]**	**Was a *critical defect notice*[4] issued during the period covered by this statement (Yes/No)**	**Date of rectification of *critical defect*[4]**
Air handling systems	AS/NZS 3666.2-2002		
Emergency lifts	In accordance with manufacturer's recommendations.		
Emergency lighting	Annual; inspection - A licensed electrician appropriately qualified person		

Emergency power supply	in accordance with manufacturer's recommendations		
Emergency warning and intercommunication systems[5]	monthly inspection - appropriately qualified person		
Exit signs ***(Lighting)***	six monthly inspections		
Fire detection and alarm systems ***(this is not a smoke alarm)***	monthly inspection - appropriately qualified person		
Fire doorsteps	inspected annually - appropriately qualified person		
Fire extinguishers	six monthly inspection - appropriately qualified person		
Fire hose reels	six monthly inspection - appropriately qualified person		
Fire blankets			
Fire hydrants (including boosters)	six monthly inspection - appropriately qualified person		
Fire mains	six monthly inspection - appropriately qualified person		
Fire shutters			
Other features[6] (provide details)	N/A		
Smoke and heat venting systems	six monthly inspection - appropriately qualified person		
Smoke doorsteps	inspected annually		
Smoke exhaust systems			
Solid core doors	inspected annually - appropriately qualified person		
Special automatic fire suppression systems			
Sprinklers	monthly inspections - appropriately qualified person		
Stairwell pressurisation systems	three monthly inspection - appropriately qualified person		

I _____ as an authorised person on behalf of _____ declare the above listed *prescribed fire safety installations*
(Full name) **(Name of Parish)**

have been *maintained* during the period covered by this statement in accordance with this code and as specified, _____on _____
(Signature) **(Date)**

1. This yearly statement must be kept with the building's *maintenance records* in accordance with A2(c) and be produced on demand by local government officers and authorised officers of the Queensland Fire and Rescue Service.
2. Note: delete *prescribed fire safety installations* that are not installed in/for the building.
3. For example, in accordance with manufacturer's instruction manual date day/month/year or in accordance with the building's *certificate of classification*.
4. Copies of *critical defect notices* issued and proof of rectification within the period of this statement must be attached.
5. This is also known as sound systems and intercommunication systems for emergency purposes.
6. Includes additional *fire safety installations* or conditions that are *required* under the building's *alternative solution* of the *Building Act 1975* or *BCA* clauses E1.10 and E2.3.
7. If the owner is signing or the *occupier* is not employed by a body corporate the 'name of organisation' section does not need to be completed.

Corrective Actions: Complete the following where "No" was selected in the checklist above.

Issue	Action Required	Person Responsible	Timeframe	Completed Y/N

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Signature (Person conducting inspection)		Date:

If you have any questions or concerns, please contact 49273188 and the Registrar can assist you
Please complete this checklist annually 'as a minimum' and retain on file for auditing purposes.