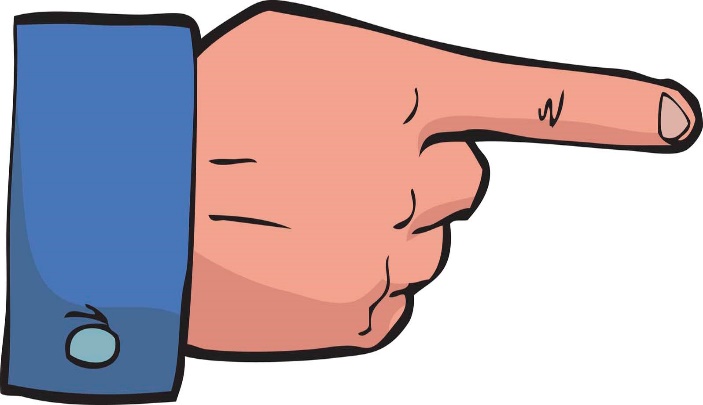
**Template Instruction**

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| This resource will support the development of a Facility Inspection Checklist for your organisation.  It may be used in conjunction with Facility Management Plan and Preventative Maintenance Plan as examples. Ideally, this resource should be completed and reviewed as required  **1.** **Add Club Name** - click on text box, located in top left corner, to enter the name of your Organisation.  **2.** **Add Club Logo** - click in centre of illustration box, located top right on page. A “Pop Up box” will appear allowing you to insert your LOGO via two options – either navigate to a computer file or copy from the Internet.  **3.** **Tailor document to meet your needs.** While example text is provided, reflecting best practice, any *red Italicised* text can be changed to meet organisational needs.  **4.** **Pre-set Fields** – (if applicable) click on or tap here, appropriate pop ups will appear.  **NOTE:** If desired background colours may be applied. Click on document page, under Design menu bar select page colour. A page boarder may also be added to enhance document presentation and/or for adding club colours to standardise your documents. |



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<https://www.npsr.qld.gov.au/legal/disclaimer.html>

Recommended Resource Links

National Parks, Sport and Racing offer a range of free on-line or “Face to Face” training sessions to enhance your volunteer experience

Face to Face Workshops - <https://www.qld.gov.au/recreation/sports/volunteers-coaches/workshops>

Online Courses & Library - <https://www.npsr.qld.gov.au/industry-information/clubs/resources/>

To access – HOLD CTRL key and click on link

**TO DELETE COVER PAGE “TEMPLATE INSTRUCTION”**

1. Click on insert tab at the top.

2. Click ‘Cover Page’ at the left

3. Click “REMOVE CURRENT COVER”

Click or tap here to enter text.



**Facility Inspection Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | Address | | Date of Inspection |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. |
| Inspection Completed By | | Contact Details | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **1. Playing Surfaces** | Yes | No |

|  |  |  |
| --- | --- | --- |
| ***1.1*** *Does the playing area comply with relevant specifications (e.g. size, line marking, and overrun clear space areas)?* |  |  |
| ***1.2*** *Are all line markings clearly visible?* |  |  |
| ***1.3*** *Is the playing surface level and free from obstacles (e.g. holes, divots, ruts, stones, cracks, rocks, sticks, rubbish, sharps, glass, and animal waste)?* |  |  |
| ***1.4*** *Is the playing surface free from excessive standing water and in a condition suitable for play (e.g. not slippery, boggy, and excessively hard)?* |  |  |
| ***1.5*** *Has the surface been suitably prepared (e.g. mown to the correct length, cleaned, and dried)?* |  |  |
| ***1.6*** *Are overrun clear space areas free from obstructions and spectators?* |  |  |
| ***1.7*** *Are all irrigation fixtures properly concealed?* |  |  |
| ***1.8*** *Is perimeter fencing in good, sturdy and safe condition and free from any sharp or hazardous protrusions?* |  |  |
| ***1.9*** *Are goal posts/nets in good condition, safely secured and fitted with padding where required?* |  |  |
| ***1.10*** *Is surrounding vegetation (trees, bushes, shrubs) clear of playing and circulation areas, including tree canopies and roots?* |  |  |
| ***1.11*** *Are player, coach and official boxes/dugouts in good and safe condition, at appropriate locations, appropriately secured and free from any sharp or hazardous protrusions?* |  |  |
| ***1.12*** *Does playing surface lighting meet relevant specifications and guidelines (evidence of inspection required)?* |  |  |

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| --- |
| **Playing Surfaces comments** |
| **Observations and Comments:** |
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| **Actions taken during inspection:** |
|  |
| **Hazards requiring urgent attention:** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| **2. Change Rooms** | Yes | No |

|  |  |  |
| --- | --- | --- |
| ***2.1*** *Are change rooms clean, secure and private* |  |  |
| ***2.2*** *Have change room floors and wet areas been thoroughly cleaned and sanitised following their previous use?* |  |  |
| ***2.3*** *Are all sink, shower, toilet and urinal plumbing fixtures in good working order, showing no signs of leaks?* |  |  |
| ***2.4*** *Are hot water temperature control devices fitted where required?* |  |  |
| ***2.5*** *Are all toilet and shower doors in good working order and do they close and lock securely?* |  |  |
| ***2.6*** *Are change rooms free from graffiti, or is a plan in place for graffiti removal?* |  |  |
| ***2.7*** *Are sharps containers locked and secure, with no sharps evident?* |  |  |
| ***2.8*** *Are supplies including toilet rolls, hand soap and paper towels suitably stocked and are sanitary bins in good working order and available for use?* |  |  |

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| **Change Rooms comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| --- | --- | --- |
| **3. Toilets** | Yes | No |

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| --- | --- | --- |
| ***3.1*** *Are all toilets clean, secure and private?* |  |  |
| ***3.2*** *Have toilet areas been thoroughly cleaned and sanitised following their previous use?* |  |  |
| ***3.3*** *Are all sink, shower, toilet and urinal plumbing fixtures in good working order, showing no signs of leaks?* |  |  |
| ***3.4*** *Are hot water temperature control devices fitted where required?* |  |  |
| ***3.5*** *Are all toilet doors in good working order and do they close and lock securely?* |  |  |
| ***3.6*** *Are toilets free from graffiti, or is a plan in place for graffiti removal?* |  |  |
| ***3.7*** *Are sharps containers locked and secure, with no sharps evident?* |  |  |
| ***3.8*** *Are supplies including toilet rolls, hand soap and paper towels suitably stocked and are sanitary bins in good working order and available for use?* |  |  |

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| **Toilets comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| **4. Play Equipment** | Yes | No |

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| --- | --- | --- |
| ***4.1*** *Is all play equipment in good, sturdy and safe condition, free from any sharp or hazardous protrusions or trip or slip hazards, and with adequate and sturdy handrails, guardrails and fall protection where required?* |  |  |
| ***4.2*** *Are all soft fall areas in good and safe condition, with no sharps, broken glass, rubbish or debris?* |  |  |

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| **Play Equipment comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| **5. Spectator Areas – Monthly Inspection** | Yes | No |

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| --- | --- | --- |
| ***5.1*** *Is spectator seating in good, sturdy and safe condition and free from any sharp or hazardous protrusions and appropriately located?* |  |  |
| ***5.2*** *Are grandstands and grandstand seating in good, sturdy and safe condition, free from any sharp or hazardous protrusions, and with adequate and sturdy handrails, guardrails and fall protection where required?* |  |  |
| ***5.3*** *Do all spectator areas accommodate people with disabilities and are these areas clean, safe and easily accessible?* |  |  |
| ***5.4*** *Is adequate shade/weather protection provided for spectators and are all shade/weather protection facilities in good, sturdy and safe condition and free from any sharp or hazardous protrusions?* |  |  |
| ***5.5*** *Are designated outdoor smoking areas provided and clearly marked and are ‘No Smoking’ signs installed in appropriate locations and clearly visible?* |  |  |
| ***5.6*** *Are licensed areas clearly delineated in accordance with licence provisions?* |  |  |
| ***5.7*** *Are spectator areas in a suitable location so as not to interfere with sporting activities?* |  |  |
| ***5.8*** *Can players, coaches and officials access playing areas without unwanted interference from spectators?* |  |  |

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| **Spectator Areas comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| **6. Buildings – Monthly Inspection** | Yes | No |

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| --- | --- | --- |
| ***6.1*** *Are building entrances and exits clearly visible, accessible and free from any obstructions or trip or slip hazards?* |  |  |
| ***6.2*** *Are buildings in a generally clean and tidy condition (e.g. free from rubbish, dust, dirt, mud, sharps, broken glass)?* |  |  |
| ***6.3*** *Are all floors in good, sturdy and safe condition and free from any sharp or hazardous protrusions or trip or slip hazards?* |  |  |
| ***6.4*** *Are all stairs in good, sturdy and safe condition, free from any sharp or hazardous protrusions or trip or slip hazards, and with adequate and sturdy handrails, guardrails and fall protection where required?* |  |  |
| ***6.5*** *Are all food and drink preparation, storage and serving areas clean and safe and meet relevant food safety specifications and guidelines (evidence of inspection required)?* |  |  |
| ***6.6*** *Is disability access provided to all public areas and buildings in accordance with the Disability Discrimination Act 1992 (DDA compliant)?* |  |  |
| ***6.7*** *Are all areas where cash is stored or handled secure?* |  |  |
| ***6.8*** *Are first aid areas clearly marked and easily accessible?* |  |  |
| ***6.9*** *Are emergency exits correctly marked, clearly visible and accessible and are evacuation plans clearly displayed in appropriate locations?* |  |  |
| ***6.10*** *Is all exit signage intact and in good condition, including lighting if required?* |  |  |
| ***6.11*** *Are all fire extinguishers easily accessible and clearly signed and ready for use (e.g. charged with in-date inspection tags attached [evidence of inspection required])?* |  |  |
| ***6.12*** *Are fire extinguisher locations noted on evacuation plans?* |  |  |
| ***6.13*** *Have all fire and smoke detectors and alarms been cleaned and tested as recommended and have their batteries been replaced within the last year?* |  |  |
| ***6.14*** *Are all electrical lead test tags in-date?* |  |  |
| ***6.15*** *Are all electrical cables in good condition and properly secured or concealed for safety?* |  |  |
| ***6.16*** *Is clear, unobstructed access available to all electrical, plumbing, gas and data panels, switch boards, safety switches and circuit breakers and have safety switches been tested as recommended?* |  |  |
| ***6.17*** *Are all refrigerators and freezers at the correct temperatures?* |  |  |
| ***6.18*** *Are air conditioning and ventilation filters clean?* |  |  |

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| **Buildings - Comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| **7. Storage – Monthly Inspection** | Yes | No |

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| ***7.1*** *Are any areas with dangerous substances or chemicals clearly marked and appropriately secured (e.g. chemical storage areas, asbestos, fuel)?* |  |  |
| ***7.2*** *Are all storage areas safely stacked (e.g. no heavy items on high shelves, unused equipment is stored safely and stacked securely to prevent tipping or scattering) and kept secured?* |  |  |

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| **Storage - Comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |

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| **8. Car Parking Areas – Monthly Inspection** | Yes | No |

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| --- | --- | --- |
| ***8.1*** *Are car parking areas in suitable locations?* |  |  |
| ***8.2*** *Are car parking areas adequate (e.g. in good condition, of an appropriate size, with clear line marking and with safe access, exit and circulate spaces)?* |  |  |
| ***8.3*** *Are there sufficient numbers of car parking spaces reserved for people with disabilities?* |  |  |
| ***8.4*** *Are car parking areas clean and free from obstacles?* |  |  |
| ***8.5*** *Are car parking areas free from excessive standing water and in a suitable condition (e.g. not slippery or boggy)?* |  |  |
| ***8.6*** *Are car parking areas appropriately lit?* |  |  |
| ***8.7*** *Is safe pedestrian access provided between car parking areas and other areas of the facility?* |  |  |
| ***8.8*** *Is car park signage in appropriate locations and in good condition?* |  |  |
| ***8.9*** *Are car parking areas far enough away from playing surfaces to minimise the risk of injury to people or damage to vehicles?* |  |  |
| ***8.10*** *Are drop-off/set-down areas clearly marked and kept free and clear of parked vehicles?* |  |  |
| ***8.11*** *Is emergency vehicle access available to all areas of the site and are emergency vehicle access points clearly marked/signed to keep them clear at all times?* |  |  |

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| **Car Parking - Comments** |
| **Observations and comments:** |
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| **Actions taken during inspection:** |
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| **Hazards requiring urgent attention:** |
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| --- | --- | --- | --- | --- |
| Based on the responses provided above, are these facilities appropriate for use for their intended purpose? |  | Yes |  | No |