

PLANT NUMBER (S):		DATE :	
SITE ADDRESS:		WORK ORDER NO.:	

TASKS

- Section A-** Safely access the site and visually inspect all aspects of the site within any fence line if present or within the site property boundary
- Section B-** Safely access the Building and visually inspect all aspects of the building using appropriate equipment/methods to gain access at height to enable completion of the Form.
- Section C-** Safely access the site and visually inspect all aspects of the site within any fence line if present or within the site property boundary
- Section D-** Safely access the site and visually inspect all aspects of the site within any fence line if present or within the site property boundary
- Visual Inspection Form** – Complete the Form in full
- When answering “**Yes**” to any question it is mandatory to provide an appropriately label/named Photo(s) with referencing back to the question of this Form in order to highlight and show this issue observed on site.

SECTION A – SITE SUMMARY

SITE INFORMATION	Yes	No	N/A	Unable to Determine
1. Site – Is the site unfenced and accessible to public access?				
2. Signage – Is QUU signage inadequate to identify the QUU site?				
3. Signage – Is QUU signage inadequate to identify the QUU site?				
4. Third Parties – Are third party assets present on site (Telco's, Seqwater, etc)?				

BUILDINGS & FACILITIES ON SITE		QTY
5. Buildings – How many QUU buildings or facilities are on the site?		
6. Types of buildings or structures on site? (multiple selected allowed)	<input type="checkbox"/> Sewer Pump Station - Building <input type="checkbox"/> Sewer Pump Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Chemical Storage – Building <input type="checkbox"/> Chemical Storage – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Valve Hut – Building <input type="checkbox"/> Valve Hut – Other (Shed, Enclosure, etc) <input type="checkbox"/> RTU Hut – Building <input type="checkbox"/> RTU Hut – Other (Demountable, etc) <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other.....	

BUILDINGS % FACILITIES ON SITE – Continued	Yes	No	N/A	Unable to Determine
7. Buildings – Are any Buildings unlocked or unsecure?				
8. Buildings – Do any buildings have indications of unauthorised entry or vandalism?				
9. Buildings – Is there any Graffiti on the buildings				
10. If "Yes" was answered to Qu 7 then answer the following question, otherwise ignore and mark "N/A" Buildings – Is graffiti of an offensive nature (words, drawings, content)?				

BUILDING & FACILITIES CORRECTIVE WORKS	Yes	No
11. Corrective Works – Are Corrective Works Required to the Building & Facilities of this site?		

Additional Comments/Details/Corrective Actions: (if Yes to either of the above provide details)

CORRECTIVE WORK PRIORITY

Low ☐ Medium ☐ High ☐

The following photos shall be taken to enable ongoing comparison of condition and deterioration

PHOTO DESCRIPTION	PHOTO NUMBER
OVERALL SITE PHOTO	
BUILDINGS (min 1 photo per building)	
BUILDINGS (min 1 photo per building)	
BUILDINGS (min 1 photo per building)	
BUILDINGS (min 1 photo per building)	
BUILDINGS (min 1 photo per building)	
SECURITY BREECHES OR EVIDENCE OF UNAUTHORISED ENTRY OR ATTEMPTED ENTRY (min of 1 photo per building if multiple building on site)	
GAFFITI (min of 1 photo per area of graffiti if multiple location)	

Section A - Inspected by (Print Name): Qualifications / License No..... Sign..... Time:.....	Date:
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SECTION B –BUILDING VISUAL INSPECTION

This Section needs to be completed **individually** for **each** Type of Building or Structure identified on site in Section A.

SITE INFORMATION	
12. Type of buildings or structures selected in Section A	<input type="checkbox"/> Sewer Pump Station - Building <input type="checkbox"/> Sewer Pump Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other..... <input type="checkbox"/> Other.....
13. Building - Height	<input type="checkbox"/> 1 Storey (above Ground) <input type="checkbox"/> 2 Storeys (above ground) <input type="checkbox"/> Other >2 Storeys (above ground).....
14. Building – Total Floor Area/Size	<input type="checkbox"/> <50m ² <input type="checkbox"/> 50-200m ² <input type="checkbox"/> >200m ²

BUILDING STRUCTURE - FOUNDATIONS/FOOTINGS	Yes	No	N/A	Unable to Determine
15. Grounds – Are there signs of ground movement, foundation subsidence around the building?				
16. Grounds – Does ground level prevent water from drain freely away from the building?				
17. Pathways – Are there any signs of movement in pathways around the building?				
18. Pathways – Are there any signs of damage or deterioration to pathways around the building?				
19. Building Footings– Are there any signs of cracks or damage from ground movement to the building footings?				

BUILDING STRUCTURE - EXTERNAL WALLS									
20. Building Wall - Type	<input type="checkbox"/> Brick Veneer <input type="checkbox"/> Cavity Brick <input type="checkbox"/> Blockwork <input type="checkbox"/> Timber Weatherboard / Cladding <input type="checkbox"/> Steel Sheeting <input type="checkbox"/> FC Cladding <input type="checkbox"/> Asbestos Cladding <input type="checkbox"/> Concrete <input type="checkbox"/> Other								
21. Building Wall – Framing / Structure	<input type="checkbox"/> Timber Framed <input type="checkbox"/> Steel Framed <input type="checkbox"/> Blockwork <input type="checkbox"/> Cavity Brick <input type="checkbox"/> Concrete (Tiltup/Precast/etc) <input type="checkbox"/> Other								
22. Protective Coating	<input type="checkbox"/> None <input type="checkbox"/> Paint system <input type="checkbox"/> Other:.....								
	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Unable to Determine</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Yes	No	N/A	Unable to Determine				
Yes	No	N/A	Unable to Determine						

BUILDING STRUCTURE - EXTERNAL WALLS

23. Protective Coating – Is there any deterioration or damage to the protective coating/paint system?				
24. Protective Coating – Does the protective coating/paint system require reapplication?				
25. Building Wall – Are there any cracks in the mortar joints or deformations in the cladding indicating ground movement or subsidence?				
26. Building Wall – Is there any structural damage/deterioration to walls or framing?				
27. Building Wall – Does the structural damage/deterioration to walls or framing pose a risk to people or equipment on site?				
28. Building Wall – Is there any minor non-structural damage/deterioration to the masonry walls that require repairs?				
29. Building Wall Joints – Are any wall joints fillers cracked and/or splitting?				
30. Building Wall Penetrations – Are there any signs of gaps or potential ingress points for water or vermin around service penetrations through the wall?				

BUILDING STRUCTURE - ROOF

31. Building Roof - Type	<input type="checkbox"/> Pitched Roof <10 degrees <input type="checkbox"/> Pitched Roof >10 degrees <input type="checkbox"/> Flat Roof with a parapet <input type="checkbox"/> Flat Roof without a parapet <input type="checkbox"/> Other.....			
32. Building Roof - Materials	<input type="checkbox"/> Metal Roof Sheeting <input type="checkbox"/> Aluminium Roof Sheeting <input type="checkbox"/> Asbestos Roof Sheeting <input type="checkbox"/> Polycarb Clear Sheeting <input type="checkbox"/> Tiled <input type="checkbox"/> Concrete Roof <input type="checkbox"/> Other Roof.....			
33. Building Roof – Framing / Structure	<input type="checkbox"/> Timber Framed <input type="checkbox"/> Steel Framed <input type="checkbox"/> Concrete (suspended Slab) <input type="checkbox"/> Other			
34. Building Roof – Skylights / Light Wells	<input type="checkbox"/> Proprietary Skylight(s) Qty:..... <input type="checkbox"/> Localised Clear Polycarb Sheeting Qty:..... <input type="checkbox"/> None			
35. Building Roof – Waterproofing / Coating	<input type="checkbox"/> Bitumen Membrane <input type="checkbox"/> Waterproof Membrane <input type="checkbox"/> Paint system <input type="checkbox"/> Other			
	Yes	No	N/A	Unable to Determine
36. Roof sheeting/tiles – Is there any corrosion on roof sheeting requiring repair?				
37. Roof sheeting/tiles – Are there any holes in the roof sheeting requiring repair?				
38. Roof sheeting/tiles – Are there any areas of impact damage or deformation of roof sheeting requiring repair?				
39. Roof sheeting/tiles – Are there any missing, loose, damaged or corroded roof fixings/bolts?				
	Yes	No	N/A	Unable to Determine

BUILDING STRUCTURE - ROOF				
40. Roof sheeting/tiles – Is there any structural damage/deterioration to the roof or framing?				
41. Roof sheeting/tiles – Does the identified structural damage/deterioration to roof or framing pose a risk to people or equipment on site?				
42. Concrete Roof – Are there any areas of the roof that have structural damage/deterioration that require repair?				
43. Concrete Roof – Are there any areas with exposed reinforcement or spalling concrete on the roof?				
44. Concrete Roof – Does identified structural damage/deterioration to Concrete roof pose a risk to people or equipment on site?				
45. Concrete Roof – Are there any cracks >0.3mm wide on the concrete roof?				
46. Concrete Roof – Is there any minor non-structural damage/deterioration to the Concrete roof that require repairs?				
47. Roof - General – Are there any areas of the roof that have structural issues that require further investigation?				
48. Waterproof Membrane – Is there any damage or deterioration to the waterproof membrane?				
49. Roof Joints – Are any roof joints cracked and/or splitting?				
50. Roof Penetrations – Are there any locations where penetrations for services, are <u>NOT</u> fully sealed?				

BUILDING - ROOF DRAINAGE				
51. Roof Drainage - Gutter Type	<input type="checkbox"/> Perimeter Metal Gutter <input type="checkbox"/> Internal Metal Box Gutter <input type="checkbox"/> Roof Gullys (Flat Concrete Roof) <input type="checkbox"/> Other..... <input type="checkbox"/> No Gutters			
52. Roof Drainage – Downpipes	<input type="checkbox"/> Metal Downpipes <input type="checkbox"/> PVC Downpipes <input type="checkbox"/> No Downpipes			
53. Roof Drainage – Spitters	<input type="checkbox"/> Spitters are installed <input type="checkbox"/> No Spitters installed			
	Yes	No	N/A	Unable to Determine
54. Roof Guttering – Are there any areas of damage/deterioration to guttering requiring repair?				
55. Roof Guttering – Is there leaf debris or other organic/inorganic material accumulated in the gutter?				
56. Roof Drainage Gully's – Are any roof gully's blocked or covered to prevent full drainage flow?				
57. Spitters – Are any spitters blocked or covered with leaf debris or other organic/inorganic material preventing full drainage flow?				
58. Downpipes – Is there leaf debris or other organic/inorganic material accumulated in the downpipes to prevent full drainage flow?				
59. Downpipes – Is there any corrosion or damage to downpipes that needs repair?				

BUILDING - ROOFTOP PLATFORM

60. Rooftop Platform	<input type="checkbox"/> Steel Platform <input type="checkbox"/> Steel Walkway <input type="checkbox"/> Other..... <input type="checkbox"/> No Rooftop Platform			
	Yes	No	N/A	Unable to Determine
61. Rooftop Platform – Are there any areas of damage/deterioration to the rooftop platform requiring repair?				
62. Rooftop Platform Handrails/Guardrails – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
63. Rooftop Platform Ladder/Stair Access – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
64. Rooftop Platform – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
65. Rooftop Platform Kickplates – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
66. Rooftop Platform Bolts/Fixings – Are there any signs of missing, loose, damaged or corroded fixings/bolts on the roof handrails?				

BUILDING - WINDOWS

67. Windows – Type	<input type="checkbox"/> Acoustic Louvers (fixed) <input type="checkbox"/> Louvers – Solid / Metal (non-acoustic) <input type="checkbox"/> Louvers - Glass - <input type="checkbox"/> with security grills - <input type="checkbox"/> without security grills <input type="checkbox"/> Aluminium framed- <input type="checkbox"/> with security grills - <input type="checkbox"/> without security grills <input type="checkbox"/> Timber framed- <input type="checkbox"/> with security grills - <input type="checkbox"/> without security grills <input type="checkbox"/> Other..... - <input type="checkbox"/> with security grills - <input type="checkbox"/> without security grills <input type="checkbox"/> None Windows.....			
	Yes	No	N/A	Unable to Determine
68. Window Glazing – Is any window glazing/glass damaged or broken and requiring repair/replacement?				
69. Window Frames – Are window frames damaged/deteriorated and requiring repair?				
70. Windows – Are any windows inoperable?				
71. Windows – Are there any windows with signs of unauthorised entry or attempted break in damage?				
72. Windows – Are any security grills over windows damaged/deteriorating and requiring repair?				
73. Windows – Is there any signs of water ingress around window?				

BUILDING – ENTRY DOORS

74. Entry Door(s) – Type(s) (can select multiple items)	<input type="checkbox"/> Acoustic Door (Steel)	<input type="checkbox"/> Acoustic Door (Solid Timber)
	<input type="checkbox"/> Acoustic Door (Glass)	<input type="checkbox"/> Acoustic Door (Other).....
	<input type="checkbox"/> Non-Acoustic Door (Steel)	<input type="checkbox"/> Non-Acoustic Door (Solid Timber)
	<input type="checkbox"/> Non-Acoustic Door (Glass)	<input type="checkbox"/> Non-Acoustic Door (Other).....
	<input type="checkbox"/> Chainlink Gate	<input type="checkbox"/> Other.....
	<input type="checkbox"/> No Door	
75. Entry Door(s) – Alarm System	<input type="checkbox"/> Reed Switch installed	<input type="checkbox"/> Other.....
	<input type="checkbox"/> No Alarm(s) installed	
76. Entry Door Alarm – Did any installed alarm / reed switch FAIL to activate and signal the QUU Control Room upon opening the door?		
77. Entry Door(s) – Is the entry door inoperable or unable to be opened?		
78. Door Lock – Is the entry door lock damaged or inoperable?		
79. Entry Doors(s) – Is the entry door damaged/deteriorated and requiring repair/replacement?		
80. Entry Doors(s) – Is the entry door obstructed by plant or equipment?		
81. Door Hinges – Are any hinges damaged/deteriorated and in need of repair or replacement?		
82. Entry Door(s) – Are there any signs of unauthorised entry or attempted break in damage?		

BUILDING – ROLLER DOORS

83. Roller Door(s) – Type(s) (can select multiple items)	<input type="checkbox"/> Roller Door(s) with manual chain operation	Qty:.....
	<input type="checkbox"/> Roller Door(s) with motor operation	Qty:.....
	<input type="checkbox"/> No Roller Door(s)	
84. Roller Door Alarm – Did any installed alarm / reed switch FAIL to activate and signal the QUU Control Room upon opening the door?		
85. Roller Door(s) – Is the entry door damaged/deteriorated and requiring repair/replacement?		
86. Roller Door(s) – Is the roller door obstructed by plant or equipment?		
87. Entry Door(s) – Are there any signs of unauthorised entry or attempted break in damage?		

BUILDING -INTERNAL/EXTERNAL STAIR/LADDER/LANDING/PLATFORM

88. Access type (can select more than one)	<input type="checkbox"/> Vertical Ladder	<input type="checkbox"/> Inclined Ladder
	<input type="checkbox"/> Concrete Stairs	<input type="checkbox"/> Steel Stairs <input type="checkbox"/> Timber Stairs
	<input type="checkbox"/> Other.....	
	<input type="checkbox"/> None (Ground level).....	
89. Number of ladders or flights	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other.....	

BUILDING -INTERNAL/EXTERNAL STAIR/LADDER/LANDING/PLATFORM

	Yes	No	N/A	QTY
90. Ladder- Is there any corrosion present on the ladder rungs or stiles?				
91. Ladder - Is there any deformation or damage to any ladder rung(s) or stiles?				
92. Ladder Bolts/Fixings - Is there any missing, loose, damaged or corroded fixings/bolts on the ladder?				
93. Ladder Cage(s) - Is there any corrosion present on the ladder cage(s)?				
94. Ladder Cage(s) - Is there any deformation or damage to any ladder cage(s)?				
95. Ladder Bolts/Fixings - Is there any missing, loose, damaged or corroded fixings/bolts of the cage(s)?				
96. Ladder Platforms - Is there any corrosion present on the ladder platform(s)?				
97. Ladder Platforms - Is there any deformation or damage to any ladder platform(s)?				
98. Ladder Platform(s) Bolts/Fixings - Is there any signs of missing, loose, damaged or corroded fixings/bolts on the ladder or platform(s)?				
99. Steel Stairs & Landing(s) - Is there any corrosion present on the stringers, treads or platform(s)?				
100. Steel Stairs & Landing(s) - Is there any deformation or damage to the stringers, treads or platform(s)?				
101. Steel Stairs Bolts/Fixings - Are there any signs of missing, loose, damaged or corroded fixings/bolts on the steel stairs or platform(s)?				
102. Concrete Stairs & Landings - Is there any signs of corrosion staining? (includes all sides, top and underside)				
103. Concrete Stairs & Landings - Is there any signs of exposed reinforcement or spalling concrete? (includes all sides, top and underside)				
104. Stair Handrails/Guardrails - Are there any areas of corrosion to handrail posts or base plats?				
105. Stair Handrails/Guardrails - Are there any areas of corrosion to handrail, mid-rail or vertical bars?				
106. Stair Handrails/Guardrails - Are there any areas of deformation or damage observed on the stair handrails/Guardrails?				
107. Stairs Handrail Bolts/Fixings- Is there any signs of missing, loose, damaged or corroded fixings/bolts on the stairs handrails?				
108. Stair Kick-Plates - Are there any areas of corrosion on the kick-plates?				
109. Stair Kick-Plates - Are there any areas of deformation or damage to the kick-plates?				
110. Stair Kick-Plates - Are there any loose kick-plates?				
111. Stair Kick-Plate Bolts/Fixings - Are there any signs of missing, loose, damaged or corroded fixings/bolts on the kick-plate?				

BUILDING – SIGNAGE

112. Signage Information Present on site/ installed – Type(s) (can select multiple items)

- ☐ QUU Site Name
 ☐ QUU Plant Number
☐ QUU Control Room Number
☐ QUU Authorised Person / No Unauthorised Entry
☐ Hard Hat
 ☐ Protective Eyewear
 ☐ Hearing Protection
☐ Safety Boots
☐ PPE (Other).....
 ☐ PPE (Other).....
☐ Chemical Hazards
☐ Fire Extinguisher
 ☐ Fire Hose Reel
 ☐ Fire Hydrant
☐ Fire Alarm
 ☐ Fire (Other).....
 ☐ Fire (Other).....
☐ Other.....
 ☐ Other.....

113. Signage missing – Type(s) (can select multiple items)

- ☐ QUU Site Name
 ☐ QUU Plant Number
☐ QUU Control Room Number
☐ QUU Authorised Person / No Unauthorised Entry
☐ Hard Hat
 ☐ Protective Eyewear
 ☐ Hearing Protection
☐ Safety Boots
☐ PPE (Other).....
 ☐ PPE (Other).....
☐ Chemical Hazards
☐ Fire Extinguisher
 ☐ Fire Hose Reel
 ☐ Fire Hydrant
☐ Fire Alarm
 ☐ Fire (Other).....
 ☐ Fire (Other).....
☐ Other.....
 ☐ Other.....
☐ Other.....
 ☐ Other.....

114. Signage – Is there any signage believed missing from site?

115. Signage – Is there any signage covered/obstructed by plant or equipment?

116. Signage – Is there any signage with graffiti?

117. Signage – Does any Signage need replacement?

118. Signage – Does any Signage need to be refixed/reattached?

119. Signage – Is there any damage/deterioration ?of signage requiring replacement?

BUILDING – INTERNAL FINISHES

120. Internal Linings/Finishes – Type(s) (can select multiple items)	<input type="checkbox"/> Walls - Plasterboard	<input type="checkbox"/> Walls – FC Sheeting			
	<input type="checkbox"/> Walls – Brick/B;ock	<input type="checkbox"/> Walls – Asbestos (if known)			
	<input type="checkbox"/> Walls –Other.....				
	<input type="checkbox"/> Ceiling - Plasterboard	<input type="checkbox"/> Ceiling – FC Sheeting			
	<input type="checkbox"/> Ceiling – Brick/B;ock	<input type="checkbox"/> Ceiling – Asbestos (if known)			
	<input type="checkbox"/> Ceiling – Other.....				
121. Ceiling Finishes – Is there any water damage or marks indicating water ingress or potential roof issue?					
122. Wall Finishes – Is there any water damage or marks indicating water ingress?					
123. Internal Finishes – Is there any damage/deterioration to internal wall finishes requiring repair?					

BUILDING VENTILATION

124. Building Ventilation Type(s) (multiple selections allowed)	<input type="checkbox"/> Wall Vents (Static - with mechanical fan).....Qty.....			
	<input type="checkbox"/> Wall Vents (Static - with mechanical fan).....Qty.....			
	<input type="checkbox"/> Eaves Soffit Vents (static)			
	<input type="checkbox"/> Roof whirlybird(s) (Rotatory).....Qty.....			
	<input type="checkbox"/> Roof Vent (Static - with mechanical fan).....Qty.....			
	<input type="checkbox"/> Roof Vent (Static - without mechanical fan).....Qty.....			
	<input type="checkbox"/> Other.....			
	<input type="checkbox"/> No visible ventilation building			
	Yes	No	N/A	Unable to Determine
125. Wall Vents – Are there any holes, gaps or breeches in wall vent grills / mesh enabling vermin entry to building?				
126. Eave Soffit Vents – Are there any holes, gaps or breeches in the eaves soffit vent grills / mesh enabling vermin entry to building / roof space?				
127. Roof Whirly Birds – Are any roof whirlybirds missing?				
128. Roof Whirly Birds – Do any whirlybirds appear to have ceased and stopped working?				

BUILDING – EYEWASH / SAFETY SHOWER

129. Eyewash / Safety Shower – Type(s) (can select multiple items)	<input type="checkbox"/> Stand Alone Eyewash	Qty:.....
	<input type="checkbox"/> Stand Alone Safety Shower	Qty:.....
	<input type="checkbox"/> Combined Eyewash & Safety Shower	Qty:.....
130. Eyewash / Safety Shower – Lights and Alarms(s) (can select multiple items)	<input type="checkbox"/> Green Lights installed	Qty:.....
	<input type="checkbox"/> Back to Base Activation Alarms installed	Qty:.....
	<input type="checkbox"/> No Green Lights or Back to Base Alarms installed	

BUILDING – EYEWASH / SAFETY SHOWER

131. Eyewash / Safety Shower – Location(s) (can select multiple items)	<input type="checkbox"/> Outside and Exposed to Weather	Qty:.....		
	<input type="checkbox"/> Outside and Covered (from Sun)	Qty:.....		
	<input type="checkbox"/> Inside Building	Qty:.....		
	Yes	No	N/A	Unable to Determine
132. Signage – Is there any missing or deteriorated signage that requires replacement or installation?				
133. Eyewash(s) – Is the pathway to the eyewash/safety shower obstructed or blocked?				
134. Eyewash(s) – Does the eyewash operate adequately?				
135. Eyewash(s) – Is insulation missing or deteriorated around eyewash pipework?				
136. Safety Shower(s) – Is the pathway to the safety shower obstructed or blocked?				
137. Safety Shower(s) – Does the safety shower operate adequately?				
138. Safety Shower (s) – Is insulation missing or deteriorated around safety shower pipework?				
139. Eyewash/Safety Shower(s) Alarms – Did any installed alarm FAIL to activate and signal the QUU Control Room upon activation of the eyewash or safety shower?				
140. Eyewash/Safety Shower(s) Green Light – Did any installed Green light FAIL to activate upon activation of the eyewash or safety shower?				
141. Eyewash/Safety Shower(s) Green Light – Is there any damage/deterioration of the eyewash or safety shower that need repairs or rectification?				

BUILDING - LIGHTING

142. Building - Internal Lighting (multiple selections allowed)	<input type="checkbox"/> General Lights	Qty:.....		
	<input type="checkbox"/> Emergency Lights.....	Qty:.....		
	<input type="checkbox"/> Exit/Escape Lights	Qty:.....		
	<input type="checkbox"/> No Internal Lighting Installed			
143. Building - External Lighting (multiple selections allowed)	<input type="checkbox"/> General Lights	Qty:.....		
	<input type="checkbox"/> Security Lights	Qty:.....		
	<input type="checkbox"/> No External Lighting Installed			
	Yes	No	N/A	Unable to Determine
144. Internal – General Lights – Do any internal general lights FAIL to turn on?				
	Yes	No	N/A	Unable to Determine
145. Internal – General Lights – Do any bulbs need replacement?				
146. Internal – General Lights – Do any lights or switches require further investigation by an electrician?				

BUILDING - LIGHTING				
147. External – General Lights – Do any external general lights not turn on?				
148. External – General Lights – Do any bulbs need replacement?				
149. External – General Lights – Do any lights or switches require further investigation by an electrician?				

BUILDING – FIRE SYSTEMS				
150. Building – Fire Systems (multiple selections allowed)	<input type="checkbox"/> Fire Extinguishers (Portable)	Qty.....		
	<input type="checkbox"/> Fire Hose Reels	Qty.....		
	<input type="checkbox"/> Fire Blankets	Qty.....		
	<input type="checkbox"/> Fire Sprinkler System	Qty.....		
	<input type="checkbox"/> Fire Hydrants	Qty.....		
	<input type="checkbox"/> Smoke Alarms	Qty.....		
	<input type="checkbox"/> PA Warning System	Qty.....		
	<input type="checkbox"/> Other.....	Qty.....		
	<input type="checkbox"/> Other.....	Qty.....		
<input type="checkbox"/> No Fire Systems present on site				
	Yes	No	N/A	Unable to Determine
151. Fire System Signage – Are any fire system signage missing or obstructed?				
152. Fire Evacuation Plan – Is a fire system plan missing/absent from site?				
153. Escape Paths/Routes – Are any escape paths / routes obstructed or blocked?				
154. Fire Extinguishers – Are any Fire Extinguishers missing or out of date?				
155. Fire Hydrant – Are fire hydrants inaccessible or obstructed?				

BUILDING – CHEMICAL STORAGE / BUNDS		
156. Chemical Storage Location (can make multiple selections)	<input type="checkbox"/> Inside Building (in a bund) <input type="checkbox"/> Inside Building (no bund) <input type="checkbox"/> Outside Building <input type="checkbox"/> No Chemicals present on site	
157. Chemical Storage (can make multiple selections)	<input type="checkbox"/> Chemical:..... Container:..... Approx Vol.....Litres <input type="checkbox"/> Chemical:..... Container:..... Approx Vol.....Litres <input type="checkbox"/> Chemical:..... Container:..... Approx Vol.....Litres <input type="checkbox"/> Chemical:..... Container:..... Approx Vol.....Litres <input type="checkbox"/> No Chemicals present on site	
158. Bund(s) (can make multiple selections_	<input type="checkbox"/> Fixed Bund (Masonry/Concrete) Approx Volume.....m ³ <input type="checkbox"/> Portable Bund Approx Volume.....m ³ <input type="checkbox"/> Other Bund Approx Volume.....m ³	

BUILDING – CHEMICAL STORAGE / BUNDS				
	<input type="checkbox"/> Sump <input type="checkbox"/> No Sump			
	Yes	No	N/A	Unable to Determine
159. Chemical Signage – Are any chemical hazard signage missing or obstructed?				
160. Bund – Does the bund volume appear inadequate for the volume of chemical being stored within the bund?				
161. Bund – Is the bund damaged/deteriorating and requiring repairs?				
162. Bund – Is the coating system damaged/ deteriorating and requiring repairs?				

BUILDING – OTHER FACILITIES				
163. Other Facilities On Site (can make multiple selections)	<input type="checkbox"/> Toilet(s)	Qty:.....		
	<input type="checkbox"/> Shower(s)	Qty:.....		
	<input type="checkbox"/> Sinks(s)	Qty:.....		
	<input type="checkbox"/> Rubbish Bins(s)	Qty:.....		
	<input type="checkbox"/> Soap Dispensers(s)	Qty:.....		
	<input type="checkbox"/> Hand Towel Dispenser(s)	Qty:.....		
	<input type="checkbox"/> Kitchen	Qty:.....		
	<input type="checkbox"/> Lunchroom	Qty:.....		
164. Appliances on Site (can make multiple selections)	<input type="checkbox"/> First Aid Kit / Station	Qty:.....		
	<input type="checkbox"/> Refrigerator(s)	Qty:.....		
	<input type="checkbox"/> Hot Water Systems(s)	Qty:.....		
	<input type="checkbox"/> Air Conditioner(s) – Wall/Window Mount	Qty:.....		
	<input type="checkbox"/> Air Conditioner(s) – Split Systems	Qty:.....		
	<input type="checkbox"/> Air Conditioner(s) – Ducted System	Qty:.....		
	<input type="checkbox"/> Kitchen Appliances (Toasters, etc)	Qty:.....		
<input type="checkbox"/> Ice Making Machines(s)	Qty:.....			
	Yes	No	N/A	Unable to Determine
165. Cleaning – Do facilities (Toilets, showers, sinks, etc) require cleaning?				
166. Toilets – Do toilets FAIL to flush correctly?				
167. Toilets – Do toilets require restocking of toilet paper?				
168. Showers – Do showers FAIL to operate?				
	Yes	No	N/A	Unable to Determine

BUILDING – OTHER FACILITIES				
169. Bathroom – Do soap dispensers require refilling?				
170. Cleaning General Building Areas – Does the building require cleaning in general				
171. Cleaning Kitchens/Lunchrooms – Does the building require cleaning in general				
172. Cleaning Bathrooms/ToiletsGeneral – Do Toilets, showers, sinks, etc require cleaning?				

BUILDING & FACILITIES CPRRECTIVE WORKS	Yes	No
173. Corrective Works – Are Corrective Works Required to the Building & Facilities of this site?		

Additional Comments/Details/Corrective Actions: *(if Yes to either of the above provide details)*

CORRECTIVE WORK PRIORITY

Low ☐ Medium ☐ High ☐

The following photos shall be taken to enable ongoing comparison of condition and deterioration

PHOTO DESCRIPTION	PHOTO NUMBER
OVERALL SITE PHOTO	
OVERALL BUILDING(S) <i>(min of 1 photo per building if multriple building on site)</i>	
BUILDING EXTERNAL WALLS	
BUILDING ROOF	
ROOFTOP PLATFORM <i>(if applicable)</i>	
ROOF DRAINAGE	
WINDOWS	
ENTRY DOOR	
ROLLER DOOR(S)	
EXTERNAL ACCESS – LADDER(S) / STAIRWAY(S) / PLATFORM(S)	

PHOTO DESCRIPTION	PHOTO NUMBER
SIGNAGE <i>(min of 1 photo per sign)</i>	
INTERNAL OF BUILDING	
BUILDING VENTILATION SYSTEM (if applicable)	
BUILDING – EYEWASH / SAFETY SHOWER	
BUILDING LIGHTING	
BUILDING FIRE SYSTEMS & EQUIPMENT <i>(1 photo of each on site)</i>	
CHEMICAL STORAGE – CONTAINERS/TANKS/BUND <i>(1 photo of each)</i>	
BUILDING – OTHER FACILITIES	
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	

Section B - Inspected by (Print Name): Qualifications / License No..... Sign..... Time:.....	Date:
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SECTION C –GROUNDS VISUAL INSPECTION

ACCESS ROADS / DRIVEWAYS / PATHWAYS				
174. Access Road to site - Type	<input type="checkbox"/> Concrete <input type="checkbox"/> Sealed <input type="checkbox"/> All Weather <input type="checkbox"/> Grass <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Other.....			
175. Access Road to site - Damage	<input type="checkbox"/> Pot Holes <input type="checkbox"/> Cracking <input type="checkbox"/> Erosion <input type="checkbox"/> Overgrown <input type="checkbox"/> Other..... <input type="checkbox"/> No Damage			
	Yes	No	N/A	Unable to Determine
176. Access Roads to site – Is there damage / deteriorating of the access road to site?				
177. Driveway to and around Building(s) - Type	<input type="checkbox"/> Concrete <input type="checkbox"/> Sealed <input type="checkbox"/> All Weather <input type="checkbox"/> Grass <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Other..... <input type="checkbox"/> None			
178. Driveway to and around Building(s)- Damage	<input type="checkbox"/> Pot Holes <input type="checkbox"/> Cracking <input type="checkbox"/> Erosion <input type="checkbox"/> Overgrown <input type="checkbox"/> Other..... <input type="checkbox"/> No Damage			
	Yes	No	N/A	Unable to Determine
179. Driveway to and around Building(s) – Is there damage / deteriorating of the driveway to and around the building(s)?				

FENCE & GATES				
180. Gate(s) – Type	<input type="checkbox"/> Chain-link <input type="checkbox"/> Rail/Barrier <input type="checkbox"/> Timber <input type="checkbox"/> Other..... <input type="checkbox"/> No Gate (Open access)			
181. Perimeter Fence Type	<input type="checkbox"/> Full perimeter chain-link fence <input type="checkbox"/> Partial Perimeter <input type="checkbox"/> No Fence <input type="checkbox"/> Chain-link <input type="checkbox"/> Timber <input type="checkbox"/> Other..... <input type="checkbox"/> Barbed Wire			
182. Fence / Gate(s) - Height	<input type="checkbox"/> 1.2m (Non Secure) <input type="checkbox"/> 1.8+m (Secure) <input type="checkbox"/> Other.....			
	Yes	No	N/A	Unable to Determine
183. Gate – Is the gate(s) unlocked or unsecure?				
184. Gate – Does the gate <u>FAIL</u> to operate properly?				
185. Gate – Is there any areas of damage or vandalism to the gate?				
186. Gate – Is there any damage observed to gate(s)?				
187. Fence – Is there any damage observed to the fence posts?				
188. Fence – Is there any damage observed to the chain-link infill?				
189. Fence – Is there any damage observed to the timber palings?				
190. Fence – Is there any damage observed to the barbed wire?				

TREES & GROUNDS				
191. Grounds surrounding the Building (multiple selected allowed)	<input type="checkbox"/> Cleared grassland <input type="checkbox"/> Bushland <input type="checkbox"/> Parkland <input type="checkbox"/> Suburban			
	Yes	No	N/A	Unable to Determine

TREES & GROUNDS				
192. Trees – Do surrounding trees overhang the Building?				
193. Trees – Are there trees trunks within 2m of the Building wall/footings?				
194. Trees – Should any trees be removed to prevent damage to the Building or footings?				
195. Grounds – Do the grounds require mowing?				
196. Grounds – Do the grounds require leaves and fallen fuel sources to be cleared?				
197. Grounds – Is there any dumped rubbish or debris on site?				

VALVE PIT(S)				
198. Type of Valve Pit(s) cover(s) / lid(s)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Timber	<input type="checkbox"/> Other,.....
	Yes	No	N/A	Unable to Determine
199. Valve Pit(s) cover(s) – Are there any valve pits without covers?				
200. Valve Pit(s) cover(s) – Are there any damaged valve pit cover(s)/lid(s)?				
201. Valve Pit(s) cover(s) – Are any valve pits <u>NOT</u> accessible?				

VISIBLE ABOVE GROUND PIPEWORK	Yes	No	N/A	Unable to Determine
202. Pipework – Is there any pipework showing of corrosion or damage?				
203. Pipework Brackets and Fixings – Is there any pipework fittings/bolts/brackets showing of corrosion or damage?				

EARTH EMBANKMENTS / CUTTINGS				
204. Embankments/Cutting at the site? (can select above & below)	<input type="checkbox"/> Above Building Floor level <input type="checkbox"/> Below Building Floor level <input type="checkbox"/> No Embankment on site			
	Yes	No	N/A	Unable to Determine
205. Earth Embankment – Are there any signs of slope slip or stability issues?				
206. Earth Embankment – Are there trees on the sloped face of the embankment?				

RETAINING WALLS				
207. Retaining Walls Type(s) on site? (multiple selection allowed)	<input type="checkbox"/> Blockwork <input type="checkbox"/> Concrete <input type="checkbox"/> Crib <input type="checkbox"/> Timber <input type="checkbox"/> No Retaining Walls on site			
	Yes	No	N/A	Unable to Determine
208. Retaining Walls – Is there any damage/deterioration to retaining walls requiring repairs?				

GROUND CORRECTIVE WORKS	Yes	No
209. Corrective Works – Are Corrective Works Required to the Grounds of this site?		

Additional Comments/Details/Corrective Actions: (if Yes to either of the above provide details)

CORRECTIVE WORK PRIORITY

Low ☐

Medium ☐

High ☐

The following photos shall be taken to enable ongoing comparison of condition and deterioration

PHOTO DESCRIPTION	PHOTO NUMBER
OVERALL SITE PHOTO	
DRIVEWAY / ROADWAY AROUND BUILDINGS	
VALVE PITS	
VISIBLE PIPEWORK	
EARTH EMBANKMENTS / CUTTINGS	
RETAINING WALLS	
FENCING & GATES	
TREES & GROUNDS	
OTHER	
OTHER	

Section C - Inspected by (Print Name):

Qualifications / License No.....

Sign..... Time:.....

Date:

SECTION D – SITE BUSHFIRE PREPAREDNESS

RESERVOIR & GROUNDS – BUSHFIRE PREPAREDNESS				
210. How long is the grass?	<input type="checkbox"/> Freshly mowed <input type="checkbox"/> <50mm <input type="checkbox"/> 50-100mm <input type="checkbox"/> 100-200mm..... <input type="checkbox"/> 200+mm <input type="checkbox"/> No Grass			
	Yes	No	N/A	QTY
211. Bushfire Preparedness – Does grass need mowing?				
212. Bushfire Preparedness – Are there leaves, branches or other fuel sources on the grounds surrounding QUU assets?				
213. Bushfire Preparedness – Is the access road obstructed by any debris and fuel sources?				
214. Bushfire Preparedness – Does any dumped rubbish on site need to be removed?				
215. Bushfire Preparedness – Do any trees over hang the Buildings?				
216. Bushfire Preparedness – Are any trees within 4m of the Buildings?				
217. Bushfire Preparedness – Does the gutters of the building contain any leaves, debris and other fuel sources?				
218. Bushfire Preparedness – Does the building roof have any leaves, debris and other fuel sources?				
219. Bushfire Preparedness – Do any platforms on site (or Building roof) contain any trapped leaves and debris?				
220. Bushfire Preparedness – Do valve pits and drains contain any leaves, debris and other fuel loads?				
221. Bushfire Preparedness – Was an operational fire hydrant <u>UNABLE</u> to be located on site?				
222. Bushfire Preparedness – Does anything else on site pose a fire risk or need maintenance to minimise fire risk?				

BUSHFIRE CPRRECTIVE WORKS	Yes	No
223. Corrective Works – Are Corrective Works Required Bushfire Preparedness?		

Additional Comments/Details/Corrective Actions: *(if Yes to either of the above provide details)*

CORRECTIVE WORK PRIORITY

Low ☐ Medium ☐ High ☐

The following photos shall be taken to enable ongoing comparison of condition and deterioration

PHOTO DESCRIPTION	PHOTO NUMBER
GENERAL OVERALL SITE	
GROUND AND GRASS	
TREES, BUSHES AND SHRUBS	
ROOF	
GUTTER	
PLATFORM(S)	
VALVE PITS AND SPOON DRAINS	

Section D - Inspected by (Print Name): Qualifications / License No..... Sign..... Time:.....	Date:
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