

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. <b>Site</b> – Is the site unfenced and accessible to public access?				
2. <b>Signage</b> – Is QUU signage inadequate to identify the QUU site?				
3. <b>Signage</b> – Is QUU signage inadequate to identify the QUU site?				
4. <b>Third Parties</b> – Are third party assets present on site (Telco's, Seqwater, etc)?				

BUILDINGS & FACILITIES ON SITE		QTY
5. <b>Buildings</b> – How many QUU buildings or facilities are on the site?		
6. <b>Types of buildings or structures on site?</b> (multiple selected allowed)	<input type="checkbox"/> Water Pump Station – Building <input type="checkbox"/> Water Pump Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Water Booster Station – Building <input type="checkbox"/> Water Booster Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Chlorine Dosing Hut – Building <input type="checkbox"/> Chlorine Dosing Hut – 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.....	

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

BUILDING & FACILITIES CORRECTIVE WORKS	Yes	No
11. <b>Corrective Works</b> – 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)	
BUILDINGS (min 1 photo per building)	
BUILDINGS (min 1 photo per building)	
SECURITY BREACHES OR EVIDENCE OF UNAUTHORISED ENTRY OR ATTEMPTED ENTRY (min of 1 photo per building if multiple building on site)	
GRAFFITI (min of 1 photo per area of graffiti if multiple location)	

<b>Section A</b> - 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"/> Water Pump Station – Building <input type="checkbox"/> Water Pump Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Water Booster Station – Building <input type="checkbox"/> Water Booster Station – Other (Shed, Platform, Structure):..... <input type="checkbox"/> Chlorine Dosing Hut – Building <input type="checkbox"/> Chlorine Dosing Hut – 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.....
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 <sup>2</sup> <input type="checkbox"/> 50-200m <sup>2</sup> <input type="checkbox"/> >200m <sup>2</sup>

BUILDING STRUCTURE - FOUNDATIONS/FOOTINGS	Yes	No	N/A	Unable to Determine
15. <b>Grounds</b> – Are there signs of ground movement, foundation subsidence around the building?				
16. <b>Grounds</b> – Does ground level prevent water from drain freely away from the building?				
17. <b>Pathways</b> – Are there any signs of movement in pathways around the building?				
18. <b>Pathways</b> – Are there any signs of damage or deterioration to pathways around the building?				
19. <b>Building Footings</b> – 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:.....				
		Yes	No	N/A	Unable to Determine
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 Sheetting	<input type="checkbox"/> Aluminium Roof Sheetting
	<input type="checkbox"/> Asbestos Roof Sheetting	<input type="checkbox"/> Polycarb Clear Sheetting
	<input type="checkbox"/> Tiled	<input type="checkbox"/> Concrete Roof
	<input type="checkbox"/> Other Roof.....	

<b>33. Building Roof – Framing / Structure</b>	<input type="checkbox"/> Timber Framed <input type="checkbox"/> Steel Framed <input type="checkbox"/> Concrete (suspended Slab) <input type="checkbox"/> Other .....																																																																								
<b>34. Building Roof – Skylights / Light Wells</b>	<input type="checkbox"/> Proprietary Skylight(s)                      Qty:..... <input type="checkbox"/> Localised Clear Polycarb Sheeting      Qty:..... <input type="checkbox"/> None .....																																																																								
<b>35. Building Roof – Waterproofing / Coating</b>	<input type="checkbox"/> Bitumen Membrane <input type="checkbox"/> Waterproof Membrane <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> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <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																																																																						
<b>36. Roof sheeting/tiles – Is there any corrosion on roof sheeting requiring repair?</b>																																																																									
<b>37. Roof sheeting/tiles – Are there any holes in the roof sheeting requiring repair?</b>																																																																									
<b>38. Roof sheeting/tiles – Are there any areas of impact damage or deformation of roof sheeting requiring repair?</b>																																																																									
<b>39. Roof sheeting/tiles – Are there any missing, loose, damaged or corroded roof fixings/bolts?</b>																																																																									
<b>40. Roof sheeting/tiles– Is there any structural damage/deterioration to the roof or framing?</b>																																																																									
<b>41. Roof sheeting/tiles– Does the identified structural damage/deterioration to roof or framing pose a risk to people or equipment on site?</b>																																																																									
<b>42. Concrete Roof – Are there any areas of the roof that have structural damage/deterioration that require repair?</b>																																																																									
<b>43. Concrete Roof – Are there any areas with exposed reinforcement or spalling concrete on the roof?</b>																																																																									
<b>44. Concrete Roof – Does identified structural damage/deterioration to Concrete roof pose a risk to people or equipment on site?</b>																																																																									
<b>45. Concrete Roof – Are there any cracks &gt;0.3mm wide on the concrete roof?</b>																																																																									
<b>46. Concrete Roof – Is there any minor non-structural damage/deterioration to the Concrete roof that require repairs?</b>																																																																									
<b>47. Roof - General– Are there any areas of the roof that have structural issues that require further investigation?</b>																																																																									
<b>48. Waterproof Membrane – Is there any damage or deterioration to the waterproof membrane?</b>																																																																									
<b>49. Roof Joints – Are any roof joints cracked and/or splitting?</b>																																																																									
<b>50. Roof Penetrations – Are there any locations where penetrations for services, are <u>NOT</u> fully sealed?</b>																																																																									

BUILDING - ROOF DRAINAGE	
<b>51. Roof Drainage - Gutter Type</b>	<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
<b>52. Roof Drainage – Downpipes</b>	<input type="checkbox"/> Metal Downpipes <input type="checkbox"/> PVC Downpipes <input type="checkbox"/> No Downpipes
<b>53. Roof Drainage – Spitters</b>	<input type="checkbox"/> Spitters are installed <input type="checkbox"/> No Spitters installed

	Yes	No	N/A	Unable to Determine
<b>54. Roof Guttering</b> – Are there any areas of damage/deterioration to guttering requiring repair?				
<b>55. Roof Guttering</b> – Is there leaf debris or other organic/inorganic material accumulated in the gutter?				
<b>56. Roof Drainage Gully's</b> – Are any roof gully's blocked or covered to prevent full drainage flow?				
<b>57. Spitters</b> – Are any spitters blocked or covered with leaf debris or other organic/inorganic material preventing full drainage flow?				
<b>58. Downpipes</b> – Is there leaf debris or other organic/inorganic material accumulated in the downpipes to prevent full drainage flow?				
<b>59. Downpipes</b> – Is there any corrosion or damage to downpipes that needs repair?				

## BUILDING - ROOFTOP PLATFORM

<b>60. Rooftop Platform</b>	<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
<b>61. Rooftop Platform</b> – Are there any areas of damage/deterioration to the rooftop platform requiring repair?				
<b>62. Rooftop Platform Handrails/Guardrails</b> – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
<b>63. Rooftop Platform Ladder/Stair Access</b> – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
<b>64. Rooftop Platform</b> – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
<b>65. Rooftop Platform Kickplates</b> – Is there any areas of damage/deterioration requiring repair to the ladder or stair access to the rooftop platform?				
<b>66. Rooftop Platform Bolts/Fixings</b> – Are there any signs of missing, loose, damaged or corroded fixings/bolts on the roof handrails?				

## BUILDING - WINDOWS

<b>67. Windows – Type</b>	<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.....
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	Yes	No	N/A	Unable to Determine
<b>68. Window Glazing</b> – Is any window glazing/glass damaged or broken and requiring repair/replacement?				
<b>69. Window Frames</b> – Are window frames damaged/deteriorated and requiring repair?				
<b>70. Windows</b> – Are any windows inoperable?				
<b>71. Windows</b> – Are there any windows with signs of unauthorised entry or attempted break in damage?				
<b>72. Windows</b> – Are any security grills over windows damaged/deteriorating and requiring repair?				
<b>73. Windows</b> – 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				
		Yes	No	N/A	Unable to Determine
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

<b>83. Roller Door(s)</b> – 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)
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	Yes	No	N/A	Unable to Determine
84. <b>Roller Door Alarm</b> – Did any installed alarm / reed switch FAIL to activate and signal the QUU Control Room upon opening the door?				
85. <b>Roller Door(s)</b> – Is the entry door damaged/deteriorated and requiring repair/replacement?				
86. <b>Roller Door(s)</b> – Is the roller door obstructed by plant or equipment?				
87. <b>Entry Door(s)</b> – Are there any signs of unauthorised entry or attempted break in damage?				
88.				

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

89. <b>Access type</b> (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).....			
90. <b>Number of ladders or flights</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other.....			
	Yes	No	N/A	QTY
91. <b>Ladder</b> – Is there any corrosion present on the ladder rungs or stiles?				
92. <b>Ladder</b> – Is there any deformation or damage to any ladder rung(s) or stiles?				
93. <b>Ladder Bolts/Fixings</b> – Is there any missing, loose, damaged or corroded fixings/bolts on the ladder?				
94. <b>Ladder Cage(s)</b> – Is there any corrosion present on the ladder cage(s)?				
95. <b>Ladder Cage(s)</b> – Is there any deformation or damage to any ladder cage(s)?				
96. <b>Ladder Bolts/Fixings</b> – Is there any missing, loose, damaged or corroded fixings/bolts of the cage(s)?				
97. <b>Ladder Platforms</b> – Is there any corrosion present on the ladder platform(s)?				
98. <b>Ladder Platforms</b> – Is there any deformation or damage to any ladder platform(s)?				
99. <b>Ladder Platform(s) Bolts/Fixings</b> – Is there any signs of missing, loose, damaged or corroded fixings/bolts on the ladder or platform(s)?				
100. <b>Steel Stairs &amp; Landing(s)</b> – Is there any corrosion present on the stringers, treads or platform(s)?				
101. <b>Steel Stairs &amp; Landing(s)</b> – Is there any deformation or damage to the stringers, treads or platform(s)?				
102. <b>Steel Stairs Bolts/Fixings</b> – Are there any signs of missing, loose, damaged or corroded fixings/bolts on the steel stairs or platform(s)?				
103. <b>Concrete Stairs &amp; Landings</b> – Is there any signs of corrosion staining? (includes all sides, top and underside)				



	Yes	No	N/A	QTY
<b>104. Concrete Stairs &amp; Landings</b> – Is there any signs of exposed reinforcement or spalling concrete? (includes all sides, top and underside)				
<b>105. Stair Handrails/Guardrails</b> – Are there any areas of corrosion to handrail posts or base plats?				
<b>106. Stair Handrails/Guardrails</b> – Are there any areas of corrosion to handrail, mid-rail or vertical bars?				
<b>107. Stair Handrails/Guardrails</b> – Are there any areas of deformation or damage observed on the stair handrails/Guardrails?				
<b>108. Stairs Handrail Bolts/Fixings</b> - Is there any signs of missing, loose, damaged or corroded fixings/bolts on the stairs handrails?				
<b>109. Stair Kick-Plates</b> – Are there any areas of corrosion on the kick-plates?				
<b>110. Stair Kick-Plates</b> – Are there any areas of deformation or damage to the kick-plates?				
<b>111. Stair Kick-Plates</b> – Are there any loose kick-plates?				
<b>112. Stair Kick-Plate Bolts/Fixings</b> – Are there any signs of missing, loose, damaged or corroded fixings/bolts on the kick-plate?				

## BUILDING – SIGNAGE

<b>113. Signage Information Present on site/ installed</b> – Type(s) (can select multiple items)	<input type="checkbox"/> QUU Site Name	<input type="checkbox"/> QUU Plant Number
	<input type="checkbox"/> QUU Control Room Number	
	<input type="checkbox"/> QUU Authorised Person / No Unauthorised Entry	
	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Protective Eyewear
	<input type="checkbox"/> Hearing Protection	
	<input type="checkbox"/> Safety Boots	
	<input type="checkbox"/> PPE (Other).....	<input type="checkbox"/> PPE (Other).....
	<input type="checkbox"/> Chemical Hazards	
	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Fire Hose Reel
	<input type="checkbox"/> Fire Hydrant	
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire (Other).....
	<input type="checkbox"/> Fire (Other).....	
	<input type="checkbox"/> Other.....	<input type="checkbox"/> Other.....

114. Signage missing – Type(s) (can select multiple items)	<input type="checkbox"/> QUU Site Name	<input type="checkbox"/> QUU Plant Number
	<input type="checkbox"/> QUU Control Room Number	
	<input type="checkbox"/> QUU Authorised Person / No Unauthorised Entry	
	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Protective Eyewear
	<input type="checkbox"/> Safety Boots	<input type="checkbox"/> Hearing Protection
	<input type="checkbox"/> PPE (Other).....	<input type="checkbox"/> PPE (Other).....
	<input type="checkbox"/> Chemical Hazards	
	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Fire Hose Reel
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Hydrant
	<input type="checkbox"/> Fire (Other).....	<input type="checkbox"/> Fire (Other).....
<input type="checkbox"/> Other.....	<input type="checkbox"/> Other.....	
<input type="checkbox"/> Other.....	<input type="checkbox"/> Other.....	

	Yes	No	N/A	Unable to Determine
115. Signage – Is there any signage believed missing from site?				
116. Signage – Is there any signage covered/obstructed by plant or equipment?				
117. Signage – Is there any signage with graffiti?				
118. Signage – Does any Signage need replacement?				
119. Signage – Does any Signage need to be refixed/reattached?				
120. Signage – Is there any damage/deterioration of signage requiring replacement?				

## BUILDING – INTERNAL FINISHES

121. 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/Block	<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/Block	<input type="checkbox"/> Ceiling – Asbestos (if known)
	<input type="checkbox"/> Ceiling – Other.....	

	Yes	No	N/A	Unable to Determine
122. Ceiling Finishes – Is there any water damage or marks indicating water ingress or potential roof issue?				
123. Wall Finishes – Is there any water damage or marks indicating water ingress?				
124. Internal Finishes – Is there any damage/deterioration to internal wall finishes requiring repair?				

BUILDING VENTILATION					
125. 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
	126. Wall Vents – Are there any holes, gaps or breeches in wall vent grills / mesh enabling vermin entry to building?				
	127. Eave Soffit Vents – Are there any holes, gaps or breeches in the eaves soffit vent grills / mesh enabling vermin entry to building / roof space?				
	128. Roof Whirly Birds – Are any roof whirlybirds missing?				
	129. Roof Whirly Birds – Do any whirlybirds appear to have ceased and stopped working?				

BUILDING – EYEWASH / SAFETY SHOWER					
130. 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:.....				
	131. 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			
		132. 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
133. Signage – Is there any missing or deteriorated signage that requires replacement or installation?					
134. Eyewash(s) – Is the pathway to the eyewash/safety shower obstructed or blocked?					
135. Eyewash(s) – Does the eyewash operate adequately?					

	Yes	No	N/A	Unable to Determine
<b>136. Eyewash(s)</b> – Is insulation missing or deteriorated around eyewash pipework?				
<b>137. Safety Shower(s)</b> – Is the pathway to the safety shower obstructed or blocked?				
<b>138. Safety Shower(s)</b> – Does the safety shower operate adequately?				
<b>139. Safety Shower (s)</b> – Is insulation missing or deteriorated around safety shower pipework?				
<b>140. Eyewash/Safety Shower(s) Alarms</b> – Did any installed alarm FAIL to activate and signal the QUU Control Room upon activation of the eyewash or safety shower?				
<b>141. Eyewash/Safety Shower(s) Green Light</b> – Did any installed Green light FAIL to activate upon activation of the eyewash or safety shower?				
<b>142. Eyewash/Safety Shower(s) Green Light</b> – Is there any damage/deterioration of the eyewash or safety shower that need repairs or rectification?				

BUILDING - LIGHTING				
<b>143. Building - Internal Lighting</b> (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			
<b>144. Building - External Lighting</b> (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
<b>145. Internal – General Lights</b> – Do any internal general lights FAIL to turn on?				
<b>146. Internal – General Lights</b> – Do any bulbs need replacement?				
<b>147. Internal – General Lights</b> – Do any lights or switches require further investigation by an electrician?				
<b>148. External – General Lights</b> – Do any external general lights not turn on?				
<b>149. External – General Lights</b> – Do any bulbs need replacement?				
<b>150. External – General Lights</b> – Do any lights or switches require further investigation by an electrician?				

BUILDING – FIRE SYSTEMS				
151. 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
152. Fire System Signage – Are any fire system signage missing or obstructed?				
153. Fire Evacuation Plan – Is a fire system plan missing/absent from site?				
154. Escape Paths/Routes – Are any escape paths / routes obstructed or blocked?				
155. Fire Extinguishers – Are any Fire Extinguishers missing or out of date?				
156. Fire Hydrant – Are fire hydrants inaccessible or obstructed?				

BUILDING – CHEMICAL STORAGE / BUNDS				
157. 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		
158. 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			
159. Bund(s) (can make multiple selections_	<input type="checkbox"/> Fixed Bund (Masonry/Concrete)	Approx Volume.....	m <sup>3</sup>	
	<input type="checkbox"/> Portable Bund	Approx Volume.....	m <sup>3</sup>	
	<input type="checkbox"/> Other Bund .....	Approx Volume.....	m <sup>3</sup>	
	<input type="checkbox"/> Sump <input type="checkbox"/> No Sump			
	Yes	No	N/A	Unable to Determine
160. Chemical Signage – Are any chemical hazard signage missing or obstructed?				

	Yes	No	N/A	Unable to Determine
<b>161. Bund</b> – Does the bund volume appear inadequate for the volume of chemical being stored within the bund?				
<b>162. Bund</b> – Is the bund damaged/deteriorating and requiring repairs?				
<b>163. Bund</b> – Is the coating system damaged/ deteriorating and requiring repairs?				

BUILDING – OTHER FACILITIES				
<b>164. Other Facilities On Site</b> (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:.....		
<b>165. Appliances on Site</b> (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
<b>166. Cleaning</b> – Do facilities (Toilets, showers, sinks, etc) require cleaning?				
<b>167. Toilets</b> – Do toilets FAIL to flush correctly?				
<b>168. Toilets</b> – Do toilets require restocking of toilet paper?				
<b>169. Showers</b> – Do showers FAIL to operate?				
<b>170. Bathroom</b> – Do soap dispensers require refilling?				
<b>171. Cleaning General Building Areas</b> – Does the building require cleaning in general				
<b>172. Cleaning Kitchens/Lunchrooms</b> – Does the building require cleaning in general				
<b>173. Cleaning Bathrooms/ToiletsGeneral</b> – Do Toilets, showers, sinks, etc require cleaning?				

BUILDING & FACILITIES CORRECTIVE WORKS	Yes	No
174. 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 multiple 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)	
SIGNAGE <i>(min of 1 photo per sign)</i>	
INTERNAL OF BUILDING	
BUILDING VENTILATION SYSTEM <i>(if applicable)</i>	
BUILDING – EYEWASH / SAFETY SHOWER	
BUILDING LIGHTING	

BUILDING FIRE SYSTEMS & EQUIPMENT (1 photo of each on site)	
CHEMICAL STORAGE – CONTAINERS/TANKS/BUND (1 photo of each)	
BUILDING – OTHER FACILITIES	
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	

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

ACCESS ROADS / DRIVEWAYS / PATHWAYS				
175. 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.....			
176. 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
177. Access Roads to site – Is there damage / deteriorating of the access road to site?				
178. 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			
179. 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
180. Driveway to and around Building(s) – Is there damage / deteriorating of the driveway to and around the building*s)?				

FENCE & GATES				
181. 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)			
182. 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			
183. 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
184. Gate – Is the gate(s) unlocked or unsecure?				
185. Gate – Does the gate <u>FAIL</u> to operate properly?				
186. Gate – Is there any areas of damage or vandalism to the gate?				
187. Gate – Is there any damage observed to gate(s)?				
188. Fence – Is there any damage observed to the fence posts?				
189. Fence – Is there any damage observed to the chain-link infill?				
190. Fence – Is there any damage observed to the timber palings?				
191. Fence – Is there any damage observed to the barbed wire?				

TREES & GROUNDS				
<b>192. Grounds surrounding the Building</b> (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
<b>193. Trees</b> – Do surrounding trees overhang the Building?				
<b>194. Trees</b> – Are there trees trunks within 2m of the Building wall/footings?				
<b>195. Trees</b> – Should any trees be removed to prevent damage to the Building or footings?				
<b>196. Grounds</b> – Do the grounds require mowing?				
<b>197. Grounds</b> – Do the grounds require leaves and fallen fuel sources to be cleared?				
<b>198. Grounds</b> – Is there any dumped rubbish or debris on site?				

VALVE PIT(S)				
<b>199. Type of Valve Pit(s) cover(s) / lid(s)</b>	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Timber	<input type="checkbox"/> Other, .....
	Yes	No	N/A	Unable to Determine
<b>200. Valve Pit(s) cover(s)</b> – Are there any valve pits without covers?				
<b>201. Valve Pit(s) cover(s)</b> – Are there any damaged valve pit cover(s)/lid(s)?				
<b>202. Valve Pit(s) cover(s)</b> – Are any valve pits <u>NOT</u> accessible?				

VISIBLE ABOVE GROUND PIPEWORK				
	Yes	No	N/A	Unable to Determine
<b>203. Pipework</b> – Is there any pipework showing of corrosion or damage?				
<b>204. Pipework Brackets and Fixings</b> – Is there any pipework fittings/bolts/brackets showing of corrosion or damage?				

EARTH EMBANKMENTS / CUTTINGS				
<b>205. Embankments/Cutting at the site?</b> (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
<b>206. Earth Embankment</b> – Are there any signs of slope slip or stability issues?				
<b>207. Earth Embankment</b> – Are there trees on the sloped face of the embankment?				

RETAINING WALLS				
<b>208. Retaining Walls Type(s) on site?</b> (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
<b>209. Retaining Walls</b> – Is there any damage/deterioration to retaining walls requiring repairs?				

GROUPS CORRECTIVE WORKS	Yes	No
210. 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:

## RESERVOIR & GROUNDS – BUSHFIRE PREPAREDNESS

RESERVOIR & GROUNDS – BUSHFIRE PREPAREDNESS				
211. 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
212. Bushfire Preparedness – Does grass need mowing?				
213. Bushfire Preparedness – Are there leaves, branches or other fuel sources on the grounds surrounding QUU assets?				
214. Bushfire Preparedness – Is the access road obstructed by any debris and fuel sources?				
215. Bushfire Preparedness – Does any dumped rubbish on site need to be removed?				
216. Bushfire Preparedness – Do any trees over hang the Buildings?				
217. Bushfire Preparedness – Are any trees within 4m of the Buildings?				
218. Bushfire Preparedness – Does the gutters of the building contain any leaves, debris and other fuel sources?				
219. Bushfire Preparedness – Does the building roof have any leaves, debris and other fuel sources?				
220. Bushfire Preparedness – Do any platforms on site (or Building roof) contain any trapped leaves and debris?				
221. Bushfire Preparedness – Do valve pits and drains contain any leaves, debris and other fuel loads?				
222. Bushfire Preparedness – Was an operational fire hydrant <u>UNABLE</u> to be located on site?				
223. Bushfire Preparedness – Does anything else on site pose a fire risk or need maintenance to minimise fire risk?				

BUSHFIRE CPRRECTIVE WORKS	Yes	No
224. 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	

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