**Introduction**

Certified aged residential care providers are encouraged to complete this checklist in preparation for an upcoming certification audit. Please ensure that a completed copy is provided to the auditors at the on-site audit.

**Provider Details**

Please identify the provider and premises this checklist relates to.

|  |  |
| --- | --- |
| **Legal Entity Name** | Please enter your organisation’s name. |
| **Premises Name(s)** | Please enter the name(s) of the relevant premises. |

**Safe & Appropriate Environment Checklist**

| **Document**  | **Compliant** | **Comments** |
| --- | --- | --- |
| 5.5 | Hazardous substances are labelled | Choose an item. | Click here to enter text. |
| Personal protective equipment is present | Choose an item. | Click here to enter text. |
| 4.1 | Building Warrant of Fitness[[1]](#footnote-1) | Choose an item. | Click here to enter text. |
| Mobility aids and adequate spaces to manoeuvre | Choose an item. | Click here to enter text. |
| Scales appropriate to resident type or need | Choose an item. | Click here to enter text. |
| Fixtures, fittings, furniture installed and maintained to ensure safety & needs are met  | Choose an item. | Click here to enter text. |
| Equipment is maintained to ensure safety & needs are met (includes calibration/electrical checks of any equipment) | Choose an item. | Click here to enter text. |
| Physical environment promotes mobility and safety | Choose an item. | Click here to enter text. |
| Resident rooms are personalised | Choose an item. | Click here to enter text. |
| External areas are safe and accessible (includes adequate shade) | Choose an item. | Click here to enter text. |
| Vehicle Warrant of Fitness & Registration for any vehicles used to transport residents | Choose an item. | Click here to enter text. |
| 4.1 | Adequate number of accessible toilets and showers | Choose an item. | Click here to enter text. |
| Hot water temperature is safe at the tap (meeting regulations) | Choose an item. | Click here to enter text. |
| Hot water monitoring occurs & actions taken to remedy where necessary | Choose an item. | Click here to enter text. |
| Adequate hand washing facilities  | Choose an item. | Click here to enter text. |
| Toilets/showers have clearly distinguishable identifiers | Choose an item. | Click here to enter text. |
| Toilets/showers have privacy locks | Choose an item. | Click here to enter text. |
| Fixtures and fittings, floor & wall surfaces meet infection control guidelines | Choose an item. | Click here to enter text. |
| 4.1 | Adequate space for residents | Choose an item. | Click here to enter text. |
| Adequate space for equipment | Choose an item. | Click here to enter text. |
| 4.1 | Adequate access to lounge, dining facilities | Choose an item. | Click here to enter text. |
| 5.5 | Safe, hygienic storage of cleaning/laundry equipment and chemicals | Choose an item. | Click here to enter text. |
| 4.2 | Emergency supplies and equipment (including food and water) | Choose an item. | Click here to enter text. |
| First Aid supplies | Choose an item. | Click here to enter text. |
| Alternative energy source in case of mains failure | Choose an item. | Click here to enter text. |
| Resident call system | Choose an item. | Click here to enter text. |
| Facility security arrangements present | Choose an item. | Click here to enter text. |
| 4.1 | Adequate ventilation and heating | Choose an item. | Click here to enter text. |
| External window in resident designated rooms | Choose an item. | Click here to enter text. |
| Any smoking areas meet smoke-free regulations | Choose an item. | Click here to enter text. |

1. If not viewed as part of the document review process [↑](#footnote-ref-1)