

SAMPLE checklist

Property Protection Checklist

The following checklist is intended to provide general information to assist clients in managing and minimising property risks. This is not an exhaustive checklist of all possible controls.

The frequency with which inspections are undertaken is dependent upon the individual needs of the organisation, however it is recommended that reviews be conducted as a minimum, on a quarterly basis.

Where the organisation answers the question with a 'no', further investigation of the risk and possible control measures should be determined and implemented.

Date of inspection: / /

Name: _____

Date of last inspection: / /

Signed: _____

Date of next inspection: / /

Buildings inspected: _____

I.0 Fire

	Yes	No	N/A	If No, actions required:	Date:
1.1 Are candles separated from flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.2 Are flammables (i.e. paper, curtains, clothes, etc.) stored away from electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.3 Are combustibles kept to a minimum and stored in accordance with manufacturer's instructions (i.e. LP gas, paint thinners, spray cans etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.4 Are all fire extinguishers* inspected every six months and maintained in accordance with ASI851:2005?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.5 Are fire hydrants easily accessible and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.6 Are there any fire isolation or fault lights present on the fire panel? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.7 Are smoke detectors in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

* Fire extinguishers should be inspected and tested every six months. There may be additional testing requirements applied to certain extinguishers and you should consult your local fire authority or ASI851:2005 for further information in this regard where required.

2.0 Arson

	Yes	No	N/A	If No, actions required:	Date:
2.1 Are buildings free from excess flammable materials such as paper and cardboard etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.2 Are grounds free from excess flammable materials such as timber, rubbish, paper, debris etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.3 Are areas beneath buildings secured and free from excess flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.4 Are bins/wheelie bins locked or stored in a secured area after hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.5 Are matches removed from the premises? (If this is not possible, store matches in a locked drawer or cabinet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.6 Are ladders, external stairways and manholes secured to restrict access to roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

3.0 Storm

	Yes	No	N/A	If No, actions required:	Date:
3.1 Are roofs and gutters free from overhanging trees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.2 Are branches located away from powerlines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.3 Are roofs and gutters free from leaks, rust or damage? (e.g. tiles, iron sheeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.4 Are gutters and down pipes free from blockages, leaks, rust or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

4.0 Vandalism

	Yes	No	N/A	If No, actions required:	Date:
4.1 Are buildings and fences free from graffiti?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.2 Are security grills fitted over vulnerable outdoor light fittings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.3 Are vulnerable windows fitted with vandalism protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

5.0 Burglary

	Yes	No	N/A	If No, actions required:	Date:
5.1 Are boundary fences and gates free from wear or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.2 Are trees and foliage near building windows regularly pruned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.3 Are doors and locks in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.4 Is the security alarm panel working? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.5 Are windows and security screens free from wear or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.6 Are windows fitted with locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.7 Are automatic or manual security lights in operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.8 Are all filing cabinets and safes locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.9 Are spare keys stored in a lockable cabinet or safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.10 Is the key register up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6.0 Water Damage

	Yes	No	N/A	If No, actions required:	Date:
6.1 Are storm water drains free of fixed sediment for example dirt, leaves, tree foliage etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.2 Are internal or external building floors and walls free from the signs of rising damp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.3 Are hot water cylinders installed with a drip tray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.4 Are hot water cylinders free from rust or leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7.0 Electrical

	Yes	No	N/A	If No, actions required:	Date:
7.1 Is the electrical equipment test and tag schedule up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.2 Are residual current devices (power boards) fitted with surge protection, regularly checked and reset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.3 Are power points:					
– unobstructed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– free from signs of visual damage or black discolouration;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– located in well ventilated areas; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– free of double adaptors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.4 Are power boards:					
– not connected to one another;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– unobstructed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– free from signs of visual damage or black discolouration;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– located in well ventilated areas; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
– free of double adaptors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.5 Are electrical cords free from wear or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.6 Are exhaust fans, power boards and points free from dust and debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

8.0 Slip, Trip and Falls

	Yes	No	N/A	If No, actions required:	Date:
8.1 Are outdoor walkways, ramps, stairways and seating free from uneven surfaces, trip hazards, water pooling etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.2 Are car park ground surfaces, curbs and speed humps free from uneven surfaces, pot holes, trip hazards, water pooling etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.3 Are pedestrian pathways separated from roadways in car parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.4 Are indoor / outdoor balustrades, stairways and ramps checked for obstructions and structural wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- 8.5 Are ceiling and/or wall mounted television stands, light fittings and air conditioning systems in good working order? _____
- 8.6 Are walkways, ramps and stairways free of floor obstructions and debris? _____

9.0 Access and Egress

	Yes	No	N/A	If No, actions required:	Date:
9.1 Are all emergency exit pathways free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.2 Are all emergency exit doors in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.3 Are emergency evacuation procedures, evacuation maps and fire extinguishers readily accessible and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

10.0 Other Areas

	Yes	No	N/A	If No, actions required:	Date:
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

For further information and assistance on property protection or to obtain a copy of our property protection fact sheet, please contact the Risk Management Helpdesk on 1300 660 827.

1300 660 827
www.ccinsurances.com.au

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