



## ITC Daily Room Inspection & Compliance Form

Reference No:

### Purpose

To ensure test rooms meet health, safety, and operational standards per Safer Greens Limited policies, CITB requirements, and the UK Health & Safety at Work Act 1974.

### Section 1: Inspection Details

- **Inspection Date:** \_\_\_\_\_
- **Test Session Time:** \_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_
- **Inspector Name:** \_\_\_\_\_
- **Last H&S Training Date:** \_\_\_\_\_

### Section 2: Environment & Safety Compliance

Check **Pass** (✓) or **Fail** (X). If **Fail**, document corrective actions.

Item	Pass/ ✓	Fail/ X	Details (e.g., hazards , defects)	Corrective Action	Responsible Party	Deadline
1. Fire exits clear and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<i>E.g., boxes blocking exit A2</i>	<i>Remove obstruction</i>	Facilities Team	Immediate
2. Emergency lighting operational?	<input type="checkbox"/>	<input type="checkbox"/>				
3. First aid kit stocked (check expiry dates)	<input type="checkbox"/>	<input type="checkbox"/>				
4. No trip hazards (e.g., loose cables, uneven flooring)	<input type="checkbox"/>	<input type="checkbox"/>				
5. Workstations sanitised (sanitiser/wipes available)	<input type="checkbox"/>	<input type="checkbox"/>				
6. Room signage visible (CCTV notice, emergency exits)	<input type="checkbox"/>	<input type="checkbox"/>				
7. 600mm dividers securely installed	<input type="checkbox"/>	<input type="checkbox"/>				
8.	<input type="checkbox"/>	<input type="checkbox"/>				

Item	Pass/ ✓	Fail/ X	Details (e.g., hazards , defects)	Corrective Action	Responsible Party	Deadline
Heating/ventilation adequate (thermometer: _____ °C)						
9. Lighting ≥300 lux (tested with light meter)	<input type="checkbox"/>	<input type="checkbox"/>				
10. access route clear	<input type="checkbox"/>	<input type="checkbox"/>				

### Section 3: Equipment & Technology Compliance

Item	Pass/✓	Fail/X	Details	Corrective Action
1. CCTV operational (audio/video; timestamp synced to atomic clock)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Computers functional (test login, no errors)	<input type="checkbox"/>	<input type="checkbox"/>		
3. No unauthorised materials (phones, notes)	<input type="checkbox"/>	<input type="checkbox"/>		

Item	Pass/√	Fail/X	Details	Corrective Action
4. Printer operational (if required)	<input type="checkbox"/>	<input type="checkbox"/>		

#### Section 4: Emergency Preparedness

Item	Pass/√	Fail/X	Action Required
1. Fire alarm tested (record test time: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evacuation plan displayed and updated	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff trained on emergency roles (verify roster)	<input type="checkbox"/>	<input type="checkbox"/>	

#### Section 5: Inspector Declaration

- I confirm this inspection adheres to Safer Greens Limited and CITB standards.

Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

#### Section 6: Manager Review (If Failures Identified)

- Reviewed by: \_\_\_\_\_

- **Follow-Up Actions:**  Repairs scheduled  Retraining required  Escalated to H&S Officer

- **Resolution Confirmed:**  Yes  Pending

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_