



ANNUAL PARISH PROPERTY MAINTENANCE INSPECTION FORM

Inspection Location: _____

Inspection Team (name/s): _____

Date of (Annual) Inspection: _____

*To be completed annually for each building in addition to an annual WHS inspection.

Key areas / items to be reviewed Findings and Recommendations				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional comments/description of the issue identified
	Satisfactory	Unsatisfactory	N/A	
BUILDING (EXTERNAL)				
No signs of leaking roof, ineffective flashings or loose fittings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters and downpipes are in good repair and free of leaf litter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate protection in roof eaves from bird and vermin nesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of termite or white ant activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of walls with crumbling mortar or masonry or loose cladding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External condition of windows: operability; hardware; paint finish; glazing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External condition of doors: operability; hardware; paint finish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of paintwork generally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GROUNDS				
Pedestrian and vehicular pathways maintained in a trip-free condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paving drainage maintained and clear of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gardens well maintained and lawns mown regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary fences in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Church sign in good repair and provides current contact details and information about activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BUILDING (INTERNAL)

Condition of ceiling lining, cover battens, cornices etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No visible signs of walls with crumbling mortar, masonry, damaged plaster or plasterboard lining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of skirtings, architraves and other mouldings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of stained glass windows and supporting structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of other windows: operability; hardware; glazing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of doors internally: operability; hardware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of internal paintwork generally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-structure of flooring sound, no evidence of sagging, unevenness or excessive bounce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rugs, carpets and floor tiles clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seating is in good repair and set out with clear aisle(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BATHROOM & KITCHEN FACILITIES

Sinks, showers, basins connected properly and free of leaks or other damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage systems free of blockages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water system and overflow is working correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water supply and flushing mechanism for toilets operating correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cubicle doors and latches in good, operable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor and wall surfaces in good, clean, undamaged condition with adequate drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor and wall surfaces are impervious to water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust fans clean and operating without excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ELECTRICAL & VENTILATION

All light fittings, switches and power points are clean and in good repair (i.e. not cracked, loose or improperly fixed to walls)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No sign of exposed, deteriorated or otherwise unsafe electrical wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air conditioning filters clean and system operating adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling circulating fans clean and operate correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TALLIES				
Approximate COMPLIANCE Rating (%)				

DRAFT MAINTENANCE PLAN (INC. PROFESSIONAL ASSISTANCE)

Name and signature of person(s) completing and submitting inspection form:

Name/s: _____ (printed)

Signature of person: _____ Date ____/____/20____

All completed inspection forms are to be tabled at a Parish Council for review, consideration, and action where applicable, with a copy sent to registry@bathurstanglican.org.au