

Facilities Audit

Inspect building condition, cleanliness and maintenance across your site. Flag issues and track actions to keep facilities up to standard.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Audit Details

1 Date of audit *

2 Time of audit

3 Audit type

Routine audit

Annual audit

Compliance audit

Client audit

Follow-up audit

Building Fabric

4 External walls in good condition

Yes

No

N/A

5 Roof in good condition

Yes

No

N/A

6 Windows and glazing intact

Yes

No

N/A

7 External doors secure and working

Yes

No

N/A

8 Gutters and drainage clear

Yes

No

N/A

9 Car park and paths in good condition

Yes

No

N/A

10 Signage in good condition

Yes

No

N/A

11 Notes

Internal Condition

12 Walls and ceilings in good condition

Yes

No

N/A

13 Flooring in good condition

Yes

No

N/A

14 Internal doors working correctly

Yes

No

N/A

15 Decoration acceptable

Yes

No

N/A

16 Fixtures and fittings secure

Yes

No

N/A

17 Notes

Mechanical Systems

18 Heating system working

Yes

No

N/A

19 Cooling system working

Yes

No

N/A

20 Ventilation adequate

Yes

No

N/A

21 Temperature comfortable

Yes

No

N/A

22 Plumbing in good condition

Yes

No

N/A

23 No leaks or drips

Yes

No

N/A

24 Hot water available

Yes

No

N/A

25 Lifts working if applicable

Yes

No

N/A

26 Notes

Electrical Systems

27 Lighting adequate throughout

Yes

No

N/A

28 No failed lights

Yes

No

N/A

29 Emergency lighting working

Yes

No

N/A

30 Sockets and switches in good condition

Yes

No

N/A

31 No damaged cables or wiring

Yes

No

N/A

32 Distribution boards accessible

Yes

No

N/A

33 PAT testing in date

Yes

No

N/A

34 Notes

Fire Safety

35 Fire alarm system working

Yes

No

N/A

36 Fire extinguishers in place and in date

Yes

No

N/A

37 Fire exits clear and unlocked

Yes

No

N/A

38 Fire doors closing correctly

Yes

No

N/A

39 Fire signage visible

Yes

No

N/A

40 Assembly point signposted

Yes

No

N/A

41 Fire risk assessment in date

Yes

No

N/A

42 Fire drills up to date

Yes

No

N/A

43 Notes

Security

44 Access control working

Yes

No

N/A

45 CCTV operational

Yes

No

N/A

46 Intruder alarm working

Yes

No

N/A

47 External lighting adequate

Yes

No

N/A

48 Locks and bolts working

Yes

No

N/A

49 Key management in place

Yes

No

N/A

50 Notes

Cleaning and Hygiene

51 General cleanliness acceptable

Yes

No

N/A

52 Toilets clean and stocked

Yes

No

N/A

53 Kitchen areas clean

Yes

No

N/A

54 Waste disposed of correctly

Yes

No

N/A

55 Bins emptied regularly

Yes

No

N/A

56 Pest control in place

Yes

No

N/A

57 Notes

Health and Safety

58 First aid kits stocked

Yes

No

N/A

59 Accident book available

Yes

No

N/A

60 Risk assessments in date

Yes

No

N/A

61 Safety signage in place

Yes

No

N/A

62 No trip hazards

Yes

No

N/A

63 Walkways clear

Yes

No

N/A

64 PPE available where required

Yes

No

N/A

65 Notes

Welfare Facilities

66 Toilets adequate for occupancy

Yes

No

N/A

67 Washing facilities available

Yes

No

N/A

68 Drinking water available

Yes

No

N/A

69 Rest areas clean and tidy

Yes

No

N/A

70 Kitchen facilities adequate

Yes

No

N/A

71 Notes

Accessibility

72 Accessible entrance available

Yes

No

N/A

73 Accessible toilets available

Yes

No

N/A

74 Lifts working

Yes

No

N/A

75 Ramps and handrails in good condition

Yes

No

N/A

76 Signage clear and visible

Yes

No

N/A

77 Notes

Compliance and Documentation

78 Statutory inspections in date

Yes

No

N/A

79 Maintenance records up to date

Yes

No

N/A

80 Certificates available

Yes

No

N/A

81 Insurance documents current

Yes

No

N/A

82 Asbestos register available if applicable

Yes

No

N/A

83 Legionella risk assessment in date

Yes

No

N/A

84 Notes

Contractors and Service Providers

85 Contractor performance acceptable

Yes

No

N/A

86 SLAs being met

Yes

No

N/A

87 Contractor documentation in order

Yes

No

N/A

88 Notes

Overall Assessment

89 Overall condition *

Excellent

Good

Fair

Poor

90 Areas of good practice

91 Key issues identified

92 Photos of issues

Attach file here

Actions Required

93 Actions identified

94 Person responsible

95 Target completion date

96 Priority

Low

Medium

High

Urgent

97 Follow-up audit required

Yes

No

N/A

98 Follow-up date

Sign-off

99 Auditor name *

100 Auditor signature *

Signature

101 Date *

102 Facilities manager name

103 Facilities manager signature

Signature