

Educator Safety Audit

Educator: **Week:**...../...../... .. to .../..... /.....

If the answer is yes, please tick the appropriate square.

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
INTERNAL							
Inaccessible areas made secure?							
Power point covers in place?							
Chemicals are inaccessible?							
Is the kitchen area safe?							
Is the heater guard in place?							
Are the bathroom/toilet areas safe?							
Are stair barriers in place?							
Are toys in good condition and accessible?							
Is everything I need close to the nappy change area?							
EXTERNAL							
Backyard is secure?							
Outside area clear of hazards/black ice/trip hazards/uneven surfaces?							
Play equipment in good condition and surrounded by appropriate material?							
Are pets inaccessible?							
Are pets droppings cleaned away?							
Are there any water hazards?							
Is the gas cylinder inaccessible?							
Are garden tools/machinery inaccessible?							

Are there any other identified hazards?
.....

General Comments:
.....

These forms should be kept by the educator and filed each week.