

# EVA TILLEY MEMORIAL HOME INC. Facility Maintenance / Hazard Form

Form No: 2.0.1.2

(Please print in BLOCK letters)

<p>Event details:</p> <p>Date: ___ / ___ / ___ (dd/mm/yy)</p> <p>Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24hr)</p> <p><input type="checkbox"/> Actual event <input type="checkbox"/> Potential event</p>	<p>Affix facility label here</p>
<p>Event type:</p> <p><input type="checkbox"/> Fire                      <input type="checkbox"/> Security</p> <p><input type="checkbox"/> Hazard                      <input type="checkbox"/> Visitor Incident</p> <p><input type="checkbox"/> Maintenance</p>	<p>Sub category: (see back page)</p>
<p>Department:</p> <p><input type="checkbox"/> Administration    <input type="checkbox"/> Management</p> <p><input type="checkbox"/> Catering            <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Hostel                <input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Laundry              <input type="checkbox"/> Other</p>	<p>Location:</p> <p><input type="checkbox"/> Activity room                      <input type="checkbox"/> Foyer</p> <p><input type="checkbox"/> Bathroom                          <input type="checkbox"/> Kitchen</p> <p><input type="checkbox"/> Bedroom                           <input type="checkbox"/> Laundry</p> <p><input type="checkbox"/> Chapel                              <input type="checkbox"/> Lounge</p> <p><input type="checkbox"/> Corridor                           <input type="checkbox"/> Nurses station</p> <p><input type="checkbox"/> Courtyard                         <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Day room                          <input type="checkbox"/> Outdoor</p> <p><input type="checkbox"/> Dining room                       <input type="checkbox"/> Unknown</p>
<p>Unit:</p>	
<p>Nature &amp; extent: .....</p>	
<p><b>Details:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Person reporting: ..... Sign: ..... Date: ___ / ___ / ___</p> <p>Witness: ..... Sign: ..... Date: ___ / ___ / ___</p> <p><b>Department head / Supervisor / Nurse in charge of shift:</b></p> <p>Name (print): ..... Sign: ..... Date: ___ / ___ / ___</p> <p><small>*Note: This signature only confirms that the above details have been reported to management</small></p>	
<p><b>Investigation / action taken:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Completed by..... Sign: ..... Date: ___ / ___ / ___</p>	
<p><b>Recommendations:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Completed by..... Sign: ..... Date: ___ / ___ / ___</p>	

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(only select one for each)

Cause:	Outcome:
<p style="text-align: center;"><b><u>Cause</u></b></p> <ul style="list-style-type: none"> <li>• Blackout / Power Failure</li> <li>• Break In</li> <li>• Chemical Spill</li> <li>• Environment – Dirty</li> <li>• Environment – Fault</li> <li>• Environment – Misuse</li> <li>• Environment – Poor Design</li> <li>• Environment – Struck</li> <li>• Equipment – Dirty</li> <li>• Equipment – Faulty</li> <li>• Equipment – Misuse</li> <li>• Equipment – Poor Design</li> <li>• Equipment – Struck</li> <li>• Fire</li> <li>• Fire Alarm</li> <li>• Flood / Flooding</li> <li>• Gas Leak</li> <li>• Other</li> <li>• Security Breach</li> <li>• Theft</li> <li>• Unknown</li> </ul>	<p style="text-align: center;"><b><u>Outcome</u></b></p> <ul style="list-style-type: none"> <li>• Police Contacted</li> <li>• Fire Brigade Contacted</li> <li>• Ambulance Contacted</li> <li>• All / Some Emergency Services Contacted</li> <li>• SES Contacted</li> <li>• Gas, Water and/or Electricity Companies Contacted</li> <li>• Manager Notified</li> <li>• Pest Control</li> <li>• Other</li> </ul>

**Sub Category:**

<b><u>Maintenance</u></b>	<b><u>Security</u></b>	<b><u>Hazard</u></b>	<b><u>Fire</u></b>
<ul style="list-style-type: none"> <li>• Lighting</li> <li>• Plumbing</li> <li>• General Electric</li> <li>• Equipment</li> <li>• Plant</li> <li>• Essential Services</li> <li>• Lifts</li> <li>• Grounds</li> <li>• Gardens</li> <li>• Water Supply</li> <li>• Fixtures / Fittings</li> <li>• Communications</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Alarms</li> <li>• Intrusion</li> <li>• Theft</li> <li>• Assault</li> <li>• Wilful damage</li> <li>• Locks</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Chemicals</li> <li>• Electrical</li> <li>• Sewage</li> <li>• Medications</li> <li>• Drainage/Flood</li> <li>• Pests</li> <li>• Gas</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Smoke Alarms</li> <li>• Fire Board</li> <li>• Fire Extinguisher</li> <li>• False Alarm</li> <li>• Fire</li> <li>• Other</li> </ul>

Visitors details:

Name: .....

Address: .....

Suburb: ..... Post Code: .....

Phone: ..... Work: ..... Mobile: .....

Fax: ..... Email: .....

Best times to contact: .....