

Leasehold Premises Compliance Checklist

Property Name		
Address		
Postcode		
Name of Duty Holder/Lessee		Tel No
Person Completing the Checklist		Tel No :

Notes –

1. Where Col 3 indicated required/on site – please indicate that these assets/requirement are applicable to your premises.
2. Where an asset/issue is indicated in col 3, please indicate if you have valid certification.
3. Comments – please add any comments if needed.
4. Add any additional assets you may have.

No	Issue/Asset	Required / On site (note 1) tick	Provided and in Compliance. (note 2) tick	Comments
01	Health and Safety Policy	✓	<input type="checkbox"/>	
02	General Site Risk Assessment	✓	<input type="checkbox"/>	
03	Asbestos survey and Register	<input type="checkbox"/>	<input type="checkbox"/>	
04	Water Hygiene/Legionella	<input type="checkbox"/>	<input type="checkbox"/>	
05	Fire Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
06	Fire Alarm and Detection	<input type="checkbox"/>	<input type="checkbox"/>	
07	Gas Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
08	Electrical Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
09	Portable Appliance Testing	<input type="checkbox"/>	<input type="checkbox"/>	
10	COSHH	<input type="checkbox"/>	<input type="checkbox"/>	
11	Lifts and Lifting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
12	Pressure Systems	<input type="checkbox"/>	<input type="checkbox"/>	
13	Access/Fall Arrest systems	<input type="checkbox"/>	<input type="checkbox"/>	
14	Glazing Safety Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
15	Hazardous Waste Regulations	<input type="checkbox"/>	<input type="checkbox"/>	
16	Oil Storage Regulations	<input type="checkbox"/>	<input type="checkbox"/>	
17	Vehicle Washing	<input type="checkbox"/>	<input type="checkbox"/>	
18	Yard Safety Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	