

Part C - Design for Access, Mobility, OHS and Security

CHECKLIST

Name of HPU: _____ (Print and complete one per HPU)

Agreed Role Delineation Level: _____

No	Item	Yes	No
1.0	Space standards & Dimensions:		
1.1	Corridors: Have corridors been designed with the minimum required clearance?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Ceiling Heights: Are ceiling heights in rooms and corridors appropriate? Have the ceiling mounted items of equipment been allowed for?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2.0	Ergonomics		
2.1	Does the facility comply with the nominated Standards in regard to access for people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Are fixed equipment and furniture appropriately designed and located?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Are desk and benches suitable for the people using them and the tasks they are performing, i.e. height and depth?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Where shelving is indicated, is the depth and height appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Has sufficient space been provided in patient rooms and bed bays for movement of objects and patients around the bed?	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Human Engineering		
3.1	Have Human Engineering issues been considered and addressed?	<input type="checkbox"/>	<input type="checkbox"/>
4.0	Signage		
4.1	Is the signposting specified appropriate and sufficient?	<input type="checkbox"/>	<input type="checkbox"/>
5.0	Doors		
5.1	Have the door/s swings and clear door widths been checked for compliance?	<input type="checkbox"/>	<input type="checkbox"/>
6.0	Grab Rails & Hand Rails		
6.1	Do all grab rails and handrails comply with AS 1428?	<input type="checkbox"/>	<input type="checkbox"/>
6.2	In corridors accessed by patients, are sufficient grab rails provided?	<input type="checkbox"/>	<input type="checkbox"/>
7.0	Windows		
7.1	Have all patient rooms used for overnight stay been provided with external windows?	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Do all external windows have restricted access?	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Do all external windows have access for cleaning?	<input type="checkbox"/>	<input type="checkbox"/>

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No	Item	Yes	No
8.0	Floors		
8.1	Are the floor finishes for each room and corridor appropriate for the usage of the area?	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Do the floor finishes specified have the appropriate slip resistance level?	<input type="checkbox"/>	<input type="checkbox"/>
9.0	Acoustics		
	Is the design capable of compliance with the Acoustic guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
10.0	Security		
10.1	Are all external perimeter doors lockable?	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Are security provisions in Entry, Carparking, Reception and Waiting areas appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Are duress alarms provided to the specified areas?	<input type="checkbox"/>	<input type="checkbox"/>

Checked and certified by:

Name: _____

Date: _____

Company: _____

Position: _____

Signature: _____