

Fitness Center Health and Safety Audit

Safety & Compliance

DATE ____/____/____	CLUB / FACILITY	AUDITOR
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GYM FLOOR — EQUIPMENT

	OK	NOT OK		OK	NOT OK
Equipment in good working order	<input type="radio"/>	<input type="radio"/>	Free weight area — plates racked, bars stored	<input type="radio"/>	<input type="radio"/>
Cables and pulleys — no fraying	<input type="radio"/>	<input type="radio"/>	Adequate spacing between equipment	<input type="radio"/>	<input type="radio"/>
Weight stacks — pins and guides OK	<input type="radio"/>	<input type="radio"/>	Usage instructions posted on machines	<input type="radio"/>	<input type="radio"/>
Cardio machines — emergency stops work	<input type="radio"/>	<input type="radio"/>			
Out-of-order equipment labelled / taped	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	<input type="checkbox"/> N/A		

FLOORING, VENTILATION & ENVIRONMENT

	OK	NOT OK		OK	NOT OK
Gym floor — no tears, trips, or loose edges	<input type="radio"/>	<input type="radio"/>	Temperature comfortable for exercise	<input type="radio"/>	<input type="radio"/>
Wet area floors — non-slip surface	<input type="radio"/>	<input type="radio"/>	Lighting adequate in all areas	<input type="radio"/>	<input type="radio"/>
Ventilation / air conditioning adequate	<input type="radio"/>	<input type="radio"/>	Mirrors secure and uncracked	<input type="radio"/>	<input type="radio"/>

HYGIENE & CLEANING

	OK	NOT OK		OK	NOT OK
Sanitiser stations stocked	<input type="radio"/>	<input type="radio"/>	Showers clean and draining	<input type="radio"/>	<input type="radio"/>
Wipe dispensers available at equipment	<input type="radio"/>	<input type="radio"/>	Toilets clean and stocked	<input type="radio"/>	<input type="radio"/>
Changing rooms cleaned regularly	<input type="radio"/>	<input type="radio"/>	Water fountains / bottle fill stations clean	<input type="radio"/>	<input type="radio"/>

FIRST AID & EMERGENCY

	OK	NOT OK		OK	NOT OK
First aid kit stocked and accessible	<input type="radio"/>	<input type="radio"/>	Emergency action plan posted	<input type="radio"/>	<input type="radio"/>
AED present and tested	<input type="radio"/>	<input type="radio"/>	Fire exits clear and marked	<input type="radio"/>	<input type="radio"/>
Staff trained in CPR / first aid	<input type="radio"/>	<input type="radio"/>	Fire extinguishers in date	<input type="radio"/>	<input type="radio"/>

POOL / SPA (IF APPLICABLE)

	OK	NOT OK	N/A		OK	NOT OK	N/A
Water quality tests current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depth markers visible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pool deck non-slip and clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sauna / steam room timer working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rescue equipment accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency call button in wet areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AUDIT SUMMARY

 Overall safety rating Good Needs improvement Unacceptable

Issues / corrective actions

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Auditor signature _____

Club manager sign-off _____

Notes

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