

ANNEX 8 - BUILDING HANDOVER FORM

Location:

Date:

Electric Meter Reading	Start		<input type="checkbox"/>
	Finish		
Water Meter Reading	Start		<input type="checkbox"/>
	Finish		
Gas Meter Reading	Start		<input type="checkbox"/>
	Finish		
Oil Meter Reading	Start		<input type="checkbox"/>
	Finish		
Evacuation Procedures Identified			<input type="checkbox"/>
Risk Assessment Carried out			<input type="checkbox"/>
Fire Exits / Firefighting equipment checked			<input type="checkbox"/>
Toilets checked			<input type="checkbox"/>
Staff Briefed on Roles			<input type="checkbox"/>
ECC aware of RC opening			<input type="checkbox"/>
Other			<input type="checkbox"/>

Comment – concerns / damage on take over

Continue on separate sheet if necessary

Take over

Time:

Date:

Manager Name / Signature

Custodian Name /Signature

Hand Back

Time:

Date:

Manager Name / Signature

Custodian Name / Signature