

HOME RISK ASSESSMENT FORM

Client Name: _____	File No: _____
Address: _____ _____ _____	Phone(s): _____
Person completing checklist: _____ Date: __/__/__ Review date: __/__/__	
Location of door to enter: <input type="checkbox"/> front <input type="checkbox"/> side <input type="checkbox"/> back <input type="checkbox"/> Other Parking: _____	

	Visually safe	Visually unsafe	Comments	Hazards identified & actions required	Completed (date)
OUTSIDE RESIDENCE					
Access to neighbours/ passing traffic					
Parking					
Gates (easy to open)					
Pathway/garden					
Steps/stairs and railings					
Verandah/porch surface					
Pets					
Lighting at night					
Door clear of obstructions/ easy to open					
INSIDE RESIDENCE					
Floor surfaces					
Stair surface/railings					
Lighting					
Freedom of movement					

Pets					
Relatives/friends present					
Weapons (e.g. guns)					
Emergency exit					
Smoke detector					
Fire extinguisher/blanket					
ELECTRICAL/GAS					
RCDs at mains					
RCD protection for portable equipment					
Electrical leads/extension cords					
Switches/plugs					
Power points near water					
Gas cylinders (hot water heating/oxygen)					
EQUIPMENT					
Vacuum cleaner					
Carpet sweeper					
Broom (e.g. handle length)					
Mop/Bucket					
Iron/board					
Washing machine/dryer					
Hot water service/exposed pipes					
Step ladder					
Food preparation equipment					
Clothes line					
BATHROOM/TOILET					
Access to bath/shower/toilet (to use and clean)					

Drainage					
Ventilation					
Water temperature					
Electrical equipment					
KITCHEN/DINING					
Stove					
Electrical equipment					
Workspace organisation					
Table/chairs					
LAUNDRY					
Workspace organisation					
Drainage					
Water temperature					
Ventilation					
BEDROOMS					
Sufficient space around bed					
Bed suitable height					
Heaters present					
Electrical cords/power points					
LOUNGE					
Furniture design risks					
Furniture position risks					
HAZARDOUS SUBSTANCES					
Substances approved for use					
Labels present and clear					
Original containers in use					
Suitable for use					
Stored in safe position					

Gloves/other protection available					
Adequate ventilation – exhaust fan/open window					
Health effects/emergency procedures known					
Material Safety Data Sheets (MSDS) available					
Safe work procedure in place and known					
Emergency procedure known					
OTHER ISSUES					
History of aggression or violence/threat to staff					
Resistance to care					
Unable to accept instructions					
Risk of infection					
Manual handling issues (if yes complete assessment and attach)					

NOTES: _____
