

WORK HEALTH AND SAFETY HOME ENVIRONMENT CHECKLIST

NATIONAL PREMIER DISABILITY
SERVICES

ADMIN | 0416 855 097

Document Control

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Client Name:	Address:
Checklist completed by:	Client's Telephone Number:
Position:	Date:

Access to Property & Exterior of House	Yes	NO	N/A	Hazard Identified-Comments
There is adequate street lighting for after dark / after hour's service.				
The Home is clearly visible from the street.				
Road access to the property is in good condition.				
House/property number is clearly visible and exterior lighting is adequate.				
Vehicle can be parked safely and legally on the street outside the client's home.				
Driveway and paths are in good condition, easily accessed and free of slip and trip hazards e.g. leaf litter.				
Steps/Ramps are in good condition. Number of steps _____. Ramps_____.				
There are handrails at the steps/ramp that are securely in place. Number of rails _____				
Veranda/patio floor surfaces are in good condition and free of trip hazards				
Pets within the yard are restrained.				

Entering the Home	Yes	No	N/A	Hazard Identified-Comments
The client or anyone else within the home is not showing any signs of aggression/agitation or potential violence.				
You are able to work in a smoke free environment.				
Pet hygiene is in place (kitty litter/pet waste disposed of hygienically).				
You feel safe within the home.				

All Rooms	Yes	No	N/A	Hazard Identified-Comments
Working smoke detectors are in place.				
Floor surfaces are in good condition and free from trip hazards.				
Doorways, hallways and potential walkways are wide enough to allow ease of movement for client, clients equipment and/or support workers.				
Lighting is adequate for tasks to be undertaken.				
There is adequate ventilation.				
Electrical leads, plugs, sockets, power points are free from obvious defects, not overloaded and are easy to access. They should be used near water.				

Kitchen/Laundry	Yes	No	N/A	Hazard Identified-Comments
Food preparation equipment is clean and safe to use.				
Laundry equipment is clean and safe to use e.g. washing machine, dryer.				
Taps are labelled appropriately.				
Clothes line goes up and down and is easily accessible.				

Bathroom	Yes	No	N/A	Hazard Identified-Comments
There is adequate workspace with the shower, bath and toilet to accommodate the client, equipment and support worker/s to perform tasks safely.				
Hand held shower hose.				
Bath fixtures are easy to reach when cleaning and/or providing personal care.				
Drainage is adequate to prevent slip hazard.				
Exhaust fan is present and in working order.				
Taps are labelled appropriately.				

Bathroom	Yes	No	N/A	Hazard Identified-Comments
Adequate workspace to accommodate the client, equipment and support worker/s to safely perform tasks e.g. floor surface clear of clutter, bed height, equipment.				
There is suitable access to both sides of the bed if personal care is to be provided.				

Equipment (Personal Care)	Yes	NO	N/A	Hazard Identified-Comments
Shower chair/Stool				
Bath board				
Rails				
Non slip mat				
Hand held shower				
Toilet frame				
Wheeled/Bedside commode				
Hoist & sling				
Walking aid e.g. frame, rollator, stick				
Wheelchair				
Electric bed				
Other (<i>please specify</i>)				

Equipment (Domestic Assistance)	Yes	NO	N/A	Hazard Identified-Comments
Vacuum Cleaner				
Mop and bucket				
Broom/ dustpan and broom				
Laundry basket				
Ironing board				
Iron				
Cleaning Products e.g. Ajax, Windex				
Council garbage bins				
Sharps container				

Home safety checklist completed

SIGN.....

Hazards documented

PRINT NAME.....

Risk referred to OHS meeting

DATE.....