

Occupational Health and Welfare Safety Assessment Form

Client:	Client Address:	Assessor:		DATE:

	Safe	Not Safe	Admin advised
1. OUTSIDE HOME			
Parking & access			
Pets			
Gates			
Clothes line			
Steps or stairs			
Driveways /pathways			
Lighting at night / doorway			
2. INSIDE HOME			
Smoke detector			
Lighting			
Floor surfaces			
Emergency exit			
Access around furniture			
Pets			
Vermin / Pests			
3. ELECTRICAL / GAS			
RCD			
Sockets / power points			
Electrical cords / extension cords			
Flammable materials			
4. KITCHEN			
Cooking utensils			
Utensil storage			
Workplace organisation			
Stove			
Oven			
Food storage			
5. BATHROOMS / TOILETS			
Access to bath /shower/ WC			
Floor surfaces			
Drainage			
Rails, bath			
Ventilation			
Water temperature			
6. BEDROOMS			
Access around furniture			
Bed height			
Heaters / Air conditioners			
7. LOUNGE / DINING			
Access around furniture			
Heaters / Air conditioners			
8. LAUNDRY			
Floor surfaces			
Access around equipment			
Ventilation			
Drainage			
Water Temperature			
9. PERSONAL CARE			
Gloves required			
Hand washing facility			
Risk of infection			
Contaminated articles / surfaces			
Contact with blood, body fluids or faeces			
10. FORESEEABLE HARM			
Physical threat			
History of aggression			
Challenging behaviours			
Resistance to care			
11. MANUAL HANDLING			
Manual Handling plan			
Excessive reaching / stooping / lifting			
12. CLEANING EQUIP			
Suitable for purpose			
Condition of safe -			
Vacuum			
Dryer			
Broom			
Washing Machine			
Ladder			
Mop / bucket			
Ironing board			
13. SUBSTANCES			
Medicines Labelled			
Substances Labelled			
Original container's			
Gloves			
Stored safely			
Protective clothing required			
Emergency response to known MSDS available			
Safe disposal of chemicals / waste			
14. GARDENERS CHECK			
Equipment [please attach]			
Safety of equipment			
Protective clothing			
Any power line / cable hazards			
Climbing hazards			

FURTHER ACTION REQUIRED:
