

CONSUMER HOME SAFETY RISKS (HAZARDS) CHECKLIST



CONSUMER FULL NAME

CONSUMER ADDRESS

Step	Actions to complete this 3 page checklist
1	Inspect the consumer's home for each of the relevant items listed below. Look for any hazards
2	Write Y (yes), N (no) or NA (not applicable) for each relevant checklist item below. Where a hazard is identified, please list its risk/s. There are some suggestions to treat risks at the end of this document.
3	Check any risks/hazards identified to the Hazard Matrix to decide the colour (seriousness) of the risk. Red/Amber: Treat the risk now. Write the completed treatment in the "Treatments Needed" column. Yellow: Write the suggested treatment alongside and do it when you can. Advise Coordinator or supervisor. Green: Treat when you can and write onto this checklist.
4	If you had to use the Suggested Risk Treatments (rear of the document) for any Red or Amber risks. Return this checklist to your local office Coordinator for sign off, escalation and storage in consumers file.

Date Inspected: _____

Inspecting Employees Name: _____

Hazard Matrix		Likelihood		
		Certain to occur	Likely to occur	Unlikely to occur
Consequence	Life-threatening or cause serious injury (hospital)	RED	RED	AMBER
	Cause lasting injury or significant damage.	RED	AMBER	YELLOW
	Cause minor damage or first aid	AMBER	YELLOW	GREEN

OUTSIDE OF RESIDENCE / ACCESS	Y/N/NA	If "No", what are the risk hazards? What colour is the risk (red, amber, yellow, green)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Gates are easy to open?				
Pathways and entry/stairs: Surface is level. Non-slip, uncluttered, adequate width?				
There is a clear exit from the home/building?				
Pets if any restrained and hazard-free?				
Lighting adequate illumination at night?				
House number clear?				
Entry doors easy opening obstruction free?				
INSIDE RESIDENCE (GENERAL)	Y/N/NA	If "No", what are the risk hazards? What colour is the risk (red, amber, yellow, green)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Lighting adequate in hallway, rooms etc?				
Room temperature appropriate?				
Any necessary electrical appliance cords are in good working order (eg not frayed)?				
Doors in good working order and clear of clutter?				
Pets if any restrained and hazard-free?				
Smoke detectors present and working?				

Power points – Working and no piggy-backs?				
Flooring is level and without trip hazards?				
HALLWAYS/LOUNGE & DINING ROOM	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (<i>red, amber, yellow, green</i>)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Furniture will remain where it is?				
Floor surface appropriate: No trip hazards, eg Mats.				
Electric cable leads free from trip hazard?				
BEDROOM/S (IF RELEVANT)	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (<i>red, amber, yellow, green</i>)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Suitable access to bed and individual when they are in bed (eg Bed height)?				
Can make bed without being moved?				
Mobility aids in good order and nearby bed?				
BATHROOM AND TOILET	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (<i>red, amber, yellow, green</i>)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Bath-board/shower-chair/stool/furniture/ equipment/aids in good condition?				
Access to shower/bath/toilet is suitable?				
Toilet aid available to raise height of seat?				
Non-slip mats in place?				
Hand rails to shower/bath/toilet?				
Space to safely assist (bathroom/toilet)?				
Water temperature safe?				
Handheld shower hose available?				
If required are you able to clean the bathroom with a fan operating or a window open to allow fumes to escape?			If no, take breaks, alternate tasks and leave room as required.	
LAUNDRY (HOME SERVICE)	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (<i>red, amber, yellow, green</i>)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Trolley available for basket, if required to hang out laundry?				
Clothes line is suitable height or adjustable?				
Ironing board stable, adjustable height and adequate weight?				
Vacuum cleaner handle and mop handle of sufficient length requiring no bending?				
Mop and bucket provided? Mechanical wringing available (no hand wringing)				
Easy access to washing machine or dryer to put clothes in or out?				
KITCHEN	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (<i>red, amber, yellow, green</i>)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date

Adequate, clean workspace to do tasks?				
Bench/table adequate height to work from?				
Floor surface in good condition and not wet/slippery/cracked?				
Adequate lighting?				
GENERAL/OTHER POTENTIAL HAZARDS	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (red, amber, yellow, green)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Weapons-free environment			If “No” must be securely locked.	
Mould-free, infestation-free, excrement-free				
Hostile-free environment (eg no physical or verbal assault/harassment inc neighbours)?				
Smoke-free environment?			If “No” client should smoke outside.	
Drug and alcohol free environment?			If “No” must be blister-packed or locked away.	
Hazardous cleaning chemical free environment? If cleaning materials used, do you have a Material handling sheet?				
Stairs or home lift in working conditions (if applicable)” Do you use lift in fire emergency				
First aid kit available and well stocked?				
EQUIPMENT AND MOBILITY TRANSFERS	Y/N/NA	If “No”, what are the risk hazards? What colour is the risk (red, amber, yellow, green)	Treatments needed to manage the risks. Red or Amber = do now! And report.	Treated? Date
Wheelchairs: brakes working, castors/wheels move freely, arms and footplates fitted and swing away?				
Wheelchairs or Walking-frames: can be maneuverer safely in/out of the home?				
Shower chairs and Walking-frames: brakes working, castors/wheels move freely?				
Electric hoist in good working order?				
Commodes: brakes working, castors/wheels move freely?				
Adequate space for lifting equipment if required?				
If community support required, the consumer can be safely transferred in/out of the home/car?				
EQUIPMENT AND TRANSFERS				
Do you require any further education to enable you to use the equipment safely? Y/N/NA				
Please tick if you reasonably believe the client is living in squalor or excessive clutter <input type="radio"/>				
Do you have any concerns about your health and safety or consumer’s health and safety? (This could include relating to other residents, broken windows, hygiene concerns, etc.)				

