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Example Home Safety Checklist

(ideally completed annually & reviewed regularly)

A checklist to assess your own home safety	Yes	No or n/a	Method / Location / Identified Risks & Action Required
Outdoor safety assessment:			
There is a safe place to park vehicles (consider lighting, off street, on road)			
Gates to the property are easy to open and close			
Pathways from vehicle to house are safe (consider lighting, overgrown trees/grass, trip hazards, steps, ramps)			
Pets are non-threatening or can be restrained for visitors if necessary			
Windows and doors open & close easily and are free from obstruction			
Any outdoor equipment or facilities that staff would be required to use or have responsibility for supervising have safety measures in place (consider pool regulations, clothes line, swings)			
Inside the home safety assessment (consider each room in the house):			
Floor surfaces are safe – not uneven or slippery			
Power points are in good condition and power boards have safety switches to prevent shock			
Electrical cords are in good order			
Temperature / humidity / ventilation manageable for required tasks			
Lighting is adequate to carry out tasks			
Position and design of furniture is easy to move around			
If work involves heights – a safe method is in place			
Surfaces & coverings are generally clean of mould, dirt & odour			
There are adequate & appropriate bins & they are located at suitable points.			
Focus on Bathroom & Toilet:			
Access to shower &/or bath is safe			
Precautions in place to deal with wet surfaces			
Electrical equipment & power points in good working order (consider leads on floor or heaters in bathroom)			
Toilets are in good working order & functional			
Soap & paper towel is provided			

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Focus on Kitchen:			
Kitchen appliances are safe (consider fridge, stove, dishwasher, small appliances etc)			
Precautions are in place to deal with wet surfaces			
Electrical equipment and power points are in good working order			
There is adequate storage & a system established for identifying contents & use by dates (consider food cupboard, fridge & freezer contents)			
There is adequate workspace & preparation area/equipment			
Other:			
Focus on Laundry:			
Washing machine & dryer in good working order & safely installed			
There is adequate space nearby for loading the machine & the area around machines clean			
Precautions in place to deal with wet surfaces			
Electrical equipment and power points are safe			
A laundry basket is provided adequate to requirements			
Other:			
Storage of Chemicals:			
Medicines, poisons, cleaners & other chemicals are kept in a safe place for people who have impaired decision making or unable to read			
All chemicals stored in original packaging so that contents are known in case of accidental poisoning? TIP: Have the poisons information hotline phone number available in case of accidental poisoning or contamination			
Administering tablets and first aid:			
Any prescribed medications have authorization by a qualified medical practitioner			
A system is established for safe dispensation of medications			
First Aid Kit is regularly checked against a checklist of requirements			
Workers have current first aid certificate and CPR if required			

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Fire Safety:			
Working smoke alarms are in place & regularly checked.			
Fire extinguisher & blankets in place & workers are trained in their use			
Access doors & windows are easily opened in the event of a fire and there is a fire safety exit plan for the home TIP: Your local fire brigade can come and provide an "Operation Safe Home" assessment			
Equipment:			
Adequate equipment is available to support the person well and is it in good working order (consider listing all equipment)			
Equipment is easy to use and workers are adequately trained and competent in the use of equipment			
Household cleaning equipment is adequate (consider vacuum, mop, brooms, buckets etc)			
Personal protective apparatus available for work with bodily fluids or hazardous substances			
Antiseptic solutions &/or masks available in case of exposure to any infections or virus?			
Other Areas of the house or in other building / community setting **(where has a hazard has been identified and action taken – consider travelling in car, accessing community facilities)**			

Person receiving support/Householder: _____

Address of residence: _____

Name of person making assessment: _____ Relationship to householder: _____

Signed: _____ Date: _____ Date for review: _____