

## Occupational Health and Safety Checklist

Carer Name: \_\_\_\_\_

Person being cared for name: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No	Unknown	Other/Comments
<b>1. Access</b>				
Is the house number clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Access to the front of house, are there				
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Paths - are they uneven & slippery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Outdoor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Access to the rear of the house, are there				
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Paths- are they uneven & slippery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Outdoor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>2. Smoking</b>				
Is the person a smoker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Do they smoke inside the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>3. Power</b>				
Where is the power box located?				.....
Is there a safety switch fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Is there a problem with appliances overloading the system in the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>4. Food Preparation Facilities</b>				
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Stove - is it gas, electricity, fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Jug or kettle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Toaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Electric frypan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

	Yes	No	Unknown	Other/Comments
<b>5. Pets</b>				
Are there pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Are they kept inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Are they kept locked in backyard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Where are they kept at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

**6. Housekeeping Equipment**

Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Carpet cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Clothes line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Ironing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Cleaning fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hot water system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Is water regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

This information was provided to the Centre over the phone by .....

on .....

No information on an onsite assessment is available.

An assessment is required

**Comments:**

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**Strategies to minimise/control risk:**.....

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