

Form – Home Care Tasks

Participant Name		Date	
Participants Address		Time Allocated	
Plan Start Date		Plan End Date	
Additional Comments:			

Please select the tasks below that are required

Home Care Tasks	Required Yes/No	Comments	Frequency	OHS
Bathroom Cleaning, bath, shower, basin, mirror, toilet				Kneel rather than squat, clean from inside bath on non-slip mat
Mopping wet areas – bathroom, toilet, toilet, kitchen				Use lightweight mop and bucket, no more than 20 mins at one time
Vacuum/sweeping floors – bedroom, hallway, kitchen, bathroom, lounge				Use light weight vacuum, no more than 20 mins at one time

Form – Home Care Tasks

Dusting				Not above shoulder height
Change Bed Linen				Do not lean over bed, kneel when tucking in the sheets
Wash/hang out/bring in clothes				Take small amounts of washing at a time
Ironing				No more than 20 mins at one time
Kitchen Cleaning – cleaning cupboards, dishes/dishwasher, benches				Rotate tasks to avoid repeated movements
Other				

Days and times of service required

Monday		Tuesday	
Wednesday		Thursday	
Friday		Public Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you require any other cleaning duties that are not on this list, please speak to your Plan Manager or Support Coordinator for further assistance.