

## OHS HOME Safety Checklist

<b>Participant:</b>		<b>Address:</b>	
<b>Completed by:</b>		<b>Date:</b>	
<b>Review Completed by:</b> (office use only)		<b>Date:</b>	
<b>Is It Safe?</b>	<b>Yes/No/NA</b>	<b>Actions Required</b>	
<b>Outside Residence (Entry)</b>			
Parking - adequate on the street			
Pathway/Veranda/Stairs - level surface, non-slip, uncluttered, adequate width			
Gates and Entry door - easy to open, clear of obstruction			
Lighting - adequate illumination from the street to the front door at night			
<b>Inside Residence (General)</b>			
All exit doors are unobstructed and in working order			
Smoke detectors are present and working			
Pressurised cylinders in use & checked and tagged appropriately - gas, O2			
Heaters - in a suitable position (e.g., no bedding, clothes or water nearby)			
Availability and condition of equipment and aids (e.g., handrails, adjustable bed, shower chair, hoist, access ramps)			
Evidence of pests (e.g., ants, wasps, vermin)			
<b>General Cleaning Equipment</b>	<b>Yes/No/NA</b>	<b>Actions Required</b>	
Is there an electrical safety switch in switchboard?			

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Vacuum Cleaner/ Carpet Sweeper - appropriate design & in working order		
Mop & Bucket - appropriate design & in working order		
Step Ladder - appropriate design & in working order		
Cleaning Substances in original containers and labelled appropriately		
Recommended personal protective equipment available - gloves		
<b>Hallways / Lounge / Dining / Bedrooms</b>		
Adequate lighting and workspace to undertake tasks		
Furniture stable and does not need to be moved or easy to move (e.g., chairs)		
Bed adjustable or adequate height to work from		
Floor surface appropriate - level, in good condition, no trip hazards (e.g., mats)		
Electrical switches/power points/leads in good condition & easy to access		
Private sleeping space with clean bed linen available for sleepover shifts		
<b>Kitchen / Bathroom / Toilet / Laundry</b>	<b>Yes/No/NA</b>	<b>Actions Required</b>
Floor surfaces - level, in good condition, no trip hazards (e.g., mats)		
Electrical switches/power points /leads appear in good condition, easy to access & suitable location (away from water and direct heat)		

Ventilation, Lighting and Drainage adequate		
Benches/ surfaces clean and adequate room/height to work from		
Stove & Food preparation equipment - clean & in good working order		
The fridge clean and food is stored appropriately		
Bath/ Shower - appropriate design for easy access, non-slip surface		
Toilet - accessible for cleaning & seat intact		
Privacy adequate for staff use (doors close & lock)		

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Washing machine / Dryer - appropriate design, clean & in working order		
Iron / Ironing Board / Clothesline - appropriate design & in working order		
<b>Outside – Back and Sides of Residence / Garages and Sheds (if used by staff)</b>		
Paths/Veranda/Steps - surface level, non-slip/trip, uncluttered, adequate width		
Pets - restrained and separated from the worker		
Lighting - adequate illumination at night		
Door - easy to open, clear of obstruction		
Lawn mower & - Gardening equipment appropriate design & in working order		
Electrical switches/power points/leads in good condition & easy to access		
<b>Miscellaneous</b>	<b>Yes/No/NA</b>	<b>Actions Required</b>
Weapons (e.g., Guns) – stored appropriately (Gun safe, bolts/ammo separate)		
Smoking – outside and not in presence of staff		
<b>Mobility/Manual Handling</b>		
Is there manual handling involved with service provision? If yes, Please also refer to Manual Handling Checklist		
<b>Personal Threats</b>		
Generally safe neighbourhood		
Aggressive participant, or others in the home		
Behavioural		

## OHS Home Safety Checklist

Recommendations for Improvements	
Signed	Date
Name	Position

### Office use only

<b>Manager to complete</b>	
Further action plans (What actions are to be taken next)	
Concerns forwarded to the Engagement Coordinator to be added to the support plan? (If required)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Position:	
Signed:	
Date:	

This document is to be completed by the Life skills officer upon arrival of their first shift and to be returned to the Engagement Coordinator and is to get updated when anything changes at the home and or for every new plan the participant receives. It is then placed against the client's file and their CRM checklist



## OHS Home Safety Checklist

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Refer to

[..\..\3-Handbooks\SD - Employee - Handbook - Jul24.pdf](#)

[..\..\2-Policies & Procedures\SD - Workplace health and safety - March24.pdf](#)