

Client Home WHS Assessment

Clients name:	Date assessed:
Address:	Assessed by
	Position: PSW

The need to do a safety check has been discussed with me and I have given my permission for it.

Visually safe	Visually unsafe	Hazards identified & actions required	Completed (date)
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OUTSIDE RESIDENCE			
Parking and access			
Gates (easy to open)			
Pathway and garden			
Steps or stairs			
Verandah / porch surface			
Pets			
Lighting at night (if required)			
Door clear of obstruction / easy to open			
INSIDE RESIDENCE			
Floor surfaces			
Lighting			
Freedom of movement			
Pets			
Tasks involving height			
Weapons (eg guns)			
Illegal drugs			
Emergency exit			
Smoke detector			
ELECTRICAL / GAS			
RCD at mains			
RCD protection for portable equipment			
Electrical leads / extension cords			
Switches / plugs			
Power points near water			
Gas cylinders (hot water heating / oxygen)			
EQUIPMENT			
Vacuum cleaner / Carpet sweeper			
Broom (correct handle length)			
Mop / bucket			
Ironing board height			
Washing machine / dryer			
Step ladder (if maintenance)			
Clothes line			
BATHROOM / TOILET			
Access to bath / shower / toilet (to use & clean)			
Drainage			
Ventilation			
Water temperature			
Electrical equipment			

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Visually safe	Visually unsafe	Hazards identified & actions required	Completed (date)
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KITCHEN / DINING			
Stove			
Electrical equipment			
Workspace organisation			
Food preparation equipment			
Table and chairs			
LAUNDRY			
Workspace organisation			
Drainage			
Water temperature			
Ventilation			
BEDROOMS			
Sufficient space around bed			
Bed suitable height			
Heaters present			
Electrical cords / power points			
LOUNGE			
Workspace organisation			
Furniture position			

Yes	No	Hazards identified & actions required	Completed (date)
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HAZARDOUS SUBSTANCES			
Substances labelled			
Substances in original container			
Suitable for purpose			
Stored in safe position			
Gloves / other protection			
Exhaust fan / open window			
Health effects / emergency procedures known			
Material Safety Data Sheets (MSDS) available			
OTHER ISSUES			
Resistance to care			
Unable to accept instructions			
Risk of infection			
History of aggression or violence/threat to staff			
Manual handling assessment required (if yes complete & attach)			

Client Home WHS Assessment

Summary of issues found:

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Actions taken:

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Actions to be taken:

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I, the client, have been informed of any safety issues.

Client's signature: Date:

Assessor's signature: Date:

Assessor's name:
PRINT

Reviewed by the NDIS Business Manager Date:

Comments:

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Signature: