Risk Assessment

YOUR HOUSE IS OUR WORKPLACE

RESIDENCE	Y	N	NA	NOTES
FLOORS, STEPS & STAIRS	☐	☐	☐	
POWER POINTS & CORDS	☐	☐	☐	
LIGHTING	☐	☐	☐	
SPACE	☐	☐	☐	
WORK SURFACES	☐	☐	☐	
PETS	☐	☐	☐	
VERMIN	☐	☐	☐	
SANITATION	☐	☐	☐	
SMOKE DETECTORS	☐ Fitted	☐ Working		
CLIENT / FAMILY SITUATION	*Y*	*N*	*NA*	*NOTES*
PHYSICAL ASSAULT	☐	☐	☐	
SEXUAL HARASSMENT	☐	☐	☐	
INFECTIOUS DISEASES	☐	☐	☐	
SUBSTANCE ABUSE	☐	☐	☐	
BEHAVIOUR/EMOTIONAL ISSUES	☐	☐	☐	
SELF INJURY/ SUICIDE RISK	☐	☐	☐	
ASSAULTIVE or PREDATORY BEHAVIOUR	☐	☐	☐	
PANIC BEHAVIOUR, RUNNING RECKLESSLY, GRABBING, STARTLE REFLEX, SUDDEN BODY MOVEMENTS	☐	☐	☐	

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TASKS	Y	N	NA	NOTES
MEDS ON SITE	☐	☐	☐	
REQUIRES LIFTING/TRANSFERS	☐	☐	☐	
EQUIPMENT NEEDED/PROVIDED	☐	☐	☐	
TRAINING REQUIRED	☐	☐	☐	
FURNITURE REMOVAL REQUIRED	☐	☐	☐	

EQUIPMENT *Available and in safe working order*

- ☐ Vacuum
- ☐ Bucket
- ☐ Mop
- ☐ Washing Machine
- ☐ Clothes line
- ☐ Clothes trolley
- ☐ Iron
- ☐ Cleaning agents
- ☐ Hot and cold taps clearly identifiable
- ☐ Shower chair
- ☐ Internal hand rails
- ☐ External hand rails
- ☐ Non-slip mats in wet areas
- ☐ Hand-held shower
- ☐ Commode
- ☐ Hoist

ORIENTATION REQUIREMENTS

- ☐ Electric bed operation
- ☐ Standard wheelchair operation & care
- ☐ Electric wheelchair operation & care
- ☐ Electric 4WD wheelchair operation & care
- ☐ Transfer - sliding board operation
- ☐ Intercom operation & maintenance

MANUAL HANDLING NOTES

MANUAL HANDLING

- ☐ Bed to shower chair
- ☐ Shower chair posture adjustments
- ☐ Shower chair to bed
- ☐ Bed to wheelchair
- ☐ Wheelchair to lounge
- ☐ Lounge to wheelchair
- ☐ Wheelchair to car
- ☐ Car to wheelchair
- ☐ Pressure area care
- ☐ Standing transfers
- ☐ Dressing difficulties expected

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SMOKING	*Y*	*N*	*NA*	*NOTES*
SMOKING IN THE WORKPLACE *Residence*	☐	☐	☐	
SMOKING IN THE WORKPLACE *Motor vehicle transfers*	☐	☐	☐	
SMOKING AREA AVAILABLE	☐	☐	☐	

ADDITIONAL NOTES *Are there any other additional issues you have identified at the site?*

Client Name: