



# Home Risk Assessment Form

PORTFOLIO NUMBER

CLIENT GIVEN NAME

CLIENT SURNAME

SEX

DOB

Client Address \_\_\_\_\_ Date \_\_\_\_\_

General	Y/N	Safe	Notes
Floor surfaces			
Access / exit			
Pets			
Security and parking			
Front door accessible			
Steps			
Pathways			
Lighting at night			
Clipsal Safety Switch			
<b>Electrical / Gas</b>			
Heaters			
Power points			
Electrical cords / extension cords			
<b>Kitchen</b>			
Fridge – expired food items			
Utensil storage			
Workplace organisation			
Stove			
Oven / microwave free of debris			
<b>Bathrooms / Toilets</b>			
Access to bath and/or shower			
Floor surfaces			
Drainage			
Rails, bath			
Ventilation			
<b>Bedrooms</b>			
Access around furniture			
Bed height			
<b>Lounge / Dining</b>			
Access around furniture			
Heaters / Air conditioners			

Laundry	Y/N	Safe	Notes
Floor surfaces			
Water temperature			
Drainage			
Clothes dryer – free of lint?			
<b>Personal Care</b>			
Gloves required			
Does client require a PPE pack?			
Risk of infection			
Contaminated articles / surfaces			
Hand washing facility			
<b>Foreseeable Harm</b>			
Resistance to care			
History of aggression			
Challenging behaviours			
<b>Manual Handling</b>			
Manual Handling equipment			
Excessive reaching lifting			
Heavy items			
<b>Substances</b>			
Cleaning equipment			
Medicines Labelled			
Substances Labelled			
Original containers			
Stored safely			
Protective clothing required			
<b>Emergency Response</b>			<b>Answer</b>
How many exiting doors are there?			
How would the client exit the home?			
Are there any stairs? How many?			
Is there a fire blanket in the home? Where?			
Has client been encouraged to purchase a fire blanket/extinguisher/smoke alarms?			
Is there a fire extinguisher in the home? Where?			
Are there working smoke alarms? Where?			

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

## Exceptions / Hazards Identified

List any areas that have been addressed unsafe and provide details of how the risk has been mitigated.

## Hazards Identified

List any hazards and indicate how the risk of injury has been mitigated.

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## Emergencies

What would you like the staff to do if you do not answer the door to a scheduled visit?

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In the event of a medical emergency while our staff are present an ambulance will be called unless the client has a palliative care plan in place. We then contact the person who can give consent in an emergency. Are there any other instructions you would like to add?

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Do you live in a Bushfire Safer Precinct?

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What would you do on a Catastrophic Fire Danger day?

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Should you need to evacuate, who would you contact?

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Where would you go?

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## This form can be handed to emergency services in the event of an emergency

We will identify where the water, gas and electrical mains boards are situated in and on the client's property, should there be an emergency where they are required to be turned off.

A copy will be kept in the client home folder and in the office file. Landmarks will be drawn in free hand. (eg driveway, house, trees etc, whatever is required to give clear visual identification of where the water, gas and electrical mains board are situated.)

Back of Property

