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Workplace Hazard Inspection - Working in people's homes

The checklist should be completed in consultation with the workers involved and prior to initial visit.

Please indicate the appropriate response. A "No" answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

Date of Inspection	
Address of Premises	
Participant Name	
Shape Disability Staff Member Name	

1. Accessibility and safety of premises

Accessibility and safety of premises	**Yes/No**	**Nature of hazard identified/ Hazard report completed**
Outside the residence		
Is it safe to park the vehicle on the road?		
Is the gate easy to open and close?		
Is the pathway from vehicle to house safe (e.g. lighting, steps, ramps, rail, trip hazards and overgrown vegetation)?		
Are pets restrained and/or non-threatening?		
Is there a safety switch on the switchboard?		
Are doorways clear, free from obstruction and easy to open and close?		
Are there any hazards presented by pools, dams or other waterways?		
Inside the residence		
General – Are the following safe?		
• Floor surface (level and smooth)		
• Work areas and access ways (level and uncluttered)		
• Power points/electrical cords		
• Temperature/humidity		
• Lighting		
• Position and design of furniture		

If there are tasks involving working at heights, is there a safe method of carrying out the work?		
Are smoke detectors fitted and appropriately situated?		
Are smoke detectors tested every three months? (Sight evidence)		
Is the safety switch tested and recorded every three months		
Is there a fire evacuation plan in place?		
Is there appropriate domestic fire safety equipment (e.g. fire blanket, extinguisher)?		
Bathroom – Are the following safe?		
• Access to shower, bath, toilet		
• Floor surface (level, smooth and non-slip)		
• Electrical equipment (e.g. leads on floor or heaters in bathroom)		
• Water temperature easy to control		
• Ventilation		
Kitchen – Are the following safe?		
• Work heights including seating for meal assistance		
Laundry – Are the following safe?		
• Location of washing machine		
• A table or trolley to reduce the need to bend or twist when loading and unloading the washing machine		
• Provision for soiled items		
Bedroom – Are the following safe?		
• Space around the bed sufficient to perform tasks in comfortable posture		
• Ventilation		
Client/other people in residence		
• Client willing to participate and assist in care?		
• Client able to accept directions and instructions?		
Are appropriate management methods in place to manage:		
• history of aggression or violence?		
• threats or aggression to staff in any way?		
• situation that is particularly emotionally demanding?		

• evidence of a risk of infectious disease?		

2. Hazardous manual tasks

For any manual task	Yes/No	Nature of hazard identified/ Hazard report completed
Can you comfortably move without restriction around the work area to do the tasks?		
Can you work without:		
• using high or sudden force/effort?		
• excessive bending, twisting or over reaching?		
• holding part of your body still for long periods?		
Have all the people handling tasks been assessed?		
Are appropriate handling methods in place to handle clients who have:		
• difficulty understanding instructions, are unco-operative or have other behavioural problems?		
• difficulty with balance, are unstable or awkward to handle?		
• attachments to devices/equipment?		
Is there a safe method for transferring clients up or down stairs?		
Have workers been trained in the safe handling of the client?		
Does the vehicle design allow you to do the following without using an awkward posture:		
• Transfer clients in/out of vehicles		
• Secure clients inside of the vehicle		
• Transfer equipment into/out of the vehicle		

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3. Equipment

Item	Is the item suitable and in good order for the task?	Is the equipment easy to use?	Is the item easily accessible?	Is the item easily transported?	Comments/hazard report completed
Vacuum cleaner					
Bucket/mop					
Broom					
Washing machine					
Laundry trolley					
Clothes dryer					
Iron/ironing board					
Step ladder					
Food preparation facilities					
Hot water system					
Changing facilities/area					

4. Personal equipment

Item	Date of last service	Are there any defects, signs of wear or other problems?	Is the item being used correctly?
Bed			
Manual wheelchair			
Power wheelchair			

Shower chair/trolley			
Transfer devices: • Slide sheet • Grab rail/foot stool			
Hoist: • Standing • Ceiling • Hydraulic floor • Electrical floor • Other			

5. Hazardous substances

Hazardous substances in the household may include chemicals such as methylated spirits, caustic soda, oven cleaners, general cleaning agents, pesticides, disinfectants, medicine (i.e. cytotoxic drugs) and others.

	Yes/No	Comments/hazard report completed
Is the worker aware of emergency procedures in case of an accident involving the substance?		
Are containers clearly labelled?		
Are substances in original containers?		
Are substances stored appropriately (out of reach of children?)		
Have workers been trained in safe procedures when working with the substance including personal protective equipment?		
Does the worker experience any health effects from contact with the substance?		
Does the worker have personal protective equipment for work with the substance?		
Is there an exhaust fan or open window for adequate ventilation, when using the substance?		
Can the use of the substance be eliminated or substituted for a less hazardous substance?		
Is the SDS register for all substances identified and accessible to workers?		

Has the risk assessment been completed and recorded for all hazardous substances?		

Outcomes

Corrective actions required	Corrective actions undertaken	Date completed	Responsible person

Participant acknowledgment

The need to conduct a workplace health and safety assessment of my home (located at the above address) has been explained to me and conducted with my permission.

Hazards identified during the assessment have been brought to my attention.

Participant/ Representative Name and Signature		Shape Disability Staff Member Name and Signature	
Date		Date	