C*ompleted by an* ***independent*** *party. Please insert a tick (✓) in the applicable column.*

NA = Not applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Name:  Address: | | Yes | No | NA | Action required |
| Entry | Parking availability/ restrictions |  |  |  |  |
| Gates easily accessed |  |  |  |  |
| Pets secured away from working areas |  |  |  |  |
| Pathway & front porch unobstructed, even level, non-slippery |  |  |  |  |
| Stairs unobstructed, even level, non-slippery |  |  |  |  |
| Entry door unobstructed and opens easily |  |  |  |  |
| Lighting adequate and working |  |  |  |  |
| General Interior | All exits unobstructed and easily opened |  |  |  |  |
| Internal walls, ceilings, and floors intact |  |  |  |  |
| No evidence of pests /infestation |  |  |  |  |
| Smoke detectors in working order\* (See note on page 3) |  |  |  |  |
| All power points and light switches intact and accessible |  |  |  |  |
| All power cords/boards, extensions intact and safely positioned and do not pose a trip hazard |  |  |  |  |
| Any mats/rugs positioned safely and do not pose a trip hazard |  |  |  |  |
| Adequate lighting |  |  |  |  |
| Adequate ventilation |  |  |  |  |
| Heaters unobstructed, include open fires guarded surrounds |  |  |  |  |
| Carer workspace | Kitchenfunctional |  |  |  |  |
| Cooking utensils/appliances clean and fit for purpose |  |  |  |  |
| Unobstructed access to shower |  |  |  |  |
| Unobstructed access to toilet |  |  |  |  |
| Laundry is functional |  |  |  |  |
| Bedrooms, lounge, dining rooms and hallways accessible |  |  |  |  |
| Positioning of furniture does not pose a hazard |  |  |  |  |
| Equipment/Appliances | Toilet / bathroom appropriate equipment/aids available and fit for purpose (e.g. hoists, rails, shower chair) |  |  |  |  |
| Equipment servicing occurs (e.g. hoists, mobility aids) |  |  |  |  |
| Washing machine fit for purpose |  |  |  |  |
| Clothes dryer fit for purpose |  |  |  |  |
| Iron and ironing board fit for purpose |  |  |  |  |
| Clothesline fit for purpose |  |  |  |  |
| Refrigerator fit for purpose |  |  |  |  |
| Microwave/oven fit for purpose |  |  |  |  |
| Broom and vacuum cleaner fit for purpose |  |  |  |  |
| Mop and bucket fit for purpose (no manual wringing) |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Yes | No | NA | Action required |
| Cleaning | Adequate cleaning products available |  |  |  |  |
| In original clearly labelled container |  |  |  |  |
| Personal Protective Equipment (PPE) available (e.g. gloves), where requested and contractor not professional cleaning organisation. |  |  |  |  |
| Back/side property | Pathway unobstructed, even level, non-slippery |  |  |  |  |
| Stairs unobstructed, even level, non-slippery |  |  |  |  |
| Rear door unobstructed and opens easily |  |  |  |  |
| External lighting adequate and working |  |  |  |  |
| Access to outbuildings unobstructed |  |  |  |  |
| All power cords, extension leads and power boards safely positioned and do not pose a trip hazard |  |  |  |  |
| Gardening/maintenance equipment for purpose |  |  |  |  |
| Unobstructed access to garbage and recycling bins |  |  |  |  |

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| --- |
| **Note:** All homes in Victoria, NSW, Queensland, and South Australia are required to have a working smoke alarm. It is also a requirement for new homes and homes being renovated in the ACT, NT, Tasmania and WA.  Where no smoke alarm is installed this should be organised in line with service provision. Regular testing and maintenance of smoke alarms should be promoted to the client, their family/friends. We will assist clients to carry out this task where neither they nor their family/friends are able to do so.  Clients are asked to refrain from smoking during carer visits. Where the client normally smokes in the house the use of high-sided ashtrays or sealed containers should be promoted.  If the client is assessed at higher risk due to health or lifestyle factors, extra smoke alarms should be installed.  Source: Australian Government Department of Social Services (DSS) Industry Feedback Alert (February 2013) |

*Issues requiring corrective action must be recorded in the client care plan (see sections 1. Physical Environment and 8. Risk Management) for monitoring and follow up including responsibility for completion.*

|  |
| --- |
| Notes/Comments: |

|  |  |
| --- | --- |
| Checklist completed by:  Position:  Signature: | Date: |

With

|  |  |
| --- | --- |
| Client / Representative name:  Client / Representative signature: | Date: |