

## Work, Health & Safety Review

At HWH we use this questionnaire to assess the Client's home ensuring that our staff "work place" is safe and to identify any risks that may present themselves to provide a mechanism to have them rectified

Assessors Name \*

Client name \*

Fred Nirk

Date of Inspection \*

DD MM YYYY

12 / 11 / 2019

### Access

Finding the property and access to the dwelling

Address of Premises \*

Hornsby

Property Alarm \*

- ☐ Yes
- ☒ No

If Yes, Entry Code

Entry: Keycode Box code

Instructions

10 external rock steps. No hand rail. There is a ramp to the left of the house that client can use to exit and enter the house.  
Pathway from external steps uneven. Client doesn't use this.

\*

- ☐ Yes
- ☒ No
- ☐ N/A

Residence

Work Health or Safety risks from working inside the client's home

## Stairs and Steps \*

	No	Yes	N/A
Damaged or Worn?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have a handrail?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are slippery or uneven?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any:

Internal steps down to the outside entertaining area and laundry very steep and no handrail.  
Client can access these. Suggest child proof gate at the top to prevent client having access to these stairs

## Are floors - coverings &amp; floorboards: \*

	Yes	No	N/A
Are Slippery?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uneven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged or Worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any

Timber floorboards in home would be slippery when wet. Clients main bathroom may be slippery when wet. Client's daughter says she supervises client showering at all times.  
Client's daughter said she requested non slip tiles when building bathroom but does not have specifications re this.

## Movement \*

	NO	No	N/A
Are there any tripping hazards ( Mats, cords, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the floor space inadequate or cluttered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are spaces too confined to manoeuvre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any

Several rugs throughout the house (including client's separate living area) all have potential to be a trip hazard. Slight raise in flooring entering kitchen through both access ways, that could cause tripping.

## Are the heights of work surfaces too high or too low \*

	Yes	No	N/A
Benches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any

Carer's must use safe work practices if/when making clients bed.

## Lighting \*

	Yes	No	NA
Is the lighting adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any light fittings in need of repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes or action required, if any

.....

## Electrical \*

	Yes	No	NA
Is there a safety switch on the switchboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are electrical switches in need of repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are power points visibly faulty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are they overloaded?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does electrical equipment need repositioning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes or action required, if any

.....

Gas (if applicable)

	Yes	No	NA
Town gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stove Top	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do cylinders require checking / servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes or action required, if any

Client does not use cooking facilities

## Fire Risks \*

	Column 1	No	Yes	YES
Are any exit doors difficult to open?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any exits obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a readily accessible Fire Blanket?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there an accessible and current Fire Extinguisher?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a working smoke alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any

2 fire blankets in kitchen. 1 next to stove, 1 next to toaster. Door to back porch (once was the front door, is a bit stiff to open and close) There are a further 10 sandstone steps from the porch to the side of the house. Client says she sometimes uses these. The last timber plank of the porch before the steps is rotten and is unstable if you step on it. No handrail.

Falls risk if client descends these stairs. Carer must ensure that during their shifts client does not access this part of the property.

Airborne hazards/ infection / infestation \*

	Column 1	No	NA
Is there a risk of exposure to hazardous or contaminated materials (eg airborne allergens, cigarette smoke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any evidence of risk exposure of infectious disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any signs of pest infection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes or action required, if any

Ventilation / Chemicals \*

	Yes	No	NA
Is ventilation adequate in the work areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a possibility of exposure to hazardous chemicals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of safe cleaning chemicals and notes or action required, if any

Exposure to gas only if gas cook top or oven is gas source is turned on and not ignited. Carer must take care when using gas appliances.



Pets \*

NA

Do any pets need to be restrained?

☐

Note pet names if applicable and any other actions required, if any

.....

Mobility & Equipment

Does the client use a:

	Yes	No	NA
Wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commode Chair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shower chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they in good condition (eg wheels, brakes, foot plates, pan, rubber grips etc??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the chair / frame difficult to manoeuvre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a step into the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the shower difficult to access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a hob?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a bath seat required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the bath seat servicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are handrails required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the water temperature appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the water pressure adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a bathroom heater is it securely fixed to the wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes or action required, if any

Wheelchair and walker have been supplied by a friend. There has not been an OT assessment. This may be prudent if carer is taking client on outings where client needs to use these mobility aids.

## Manual Handling

\*

	Yes	No	NA
Does the client require assistance to stand weight bear / mobile?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the client difficult or awkward to handle (due to size, instability or unpredictability of movement)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the client need to be lifted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoist/Stand aid/walk belt required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is another person required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is equipment difficult to move through the house easily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an OT required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In any new equipment required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments or Observations on Hazards, Client behaviour or medical conditions that may impact WHS.

This house has many hazards that could potential be a risk to the client. Carer's must ensure that they are diligent in supervising client within the house.

Client's daughter stated that she thought her mother's mobility was declining and thought she would benefit from using walker and wheelchair on outings. Depending on shift notes from carer as to whether they notice that the client's mobility is in fact declining, an OT assessment may be necessary. It may be wise to provide training for carer in the use of fire blanket and SWP's for bedmaking.

## General Household Equipment

### General Comments

This form was created inside HomeWise Health.

Google Forms