

## Respite/Home Care Risk Assessment Form

Participant name			
Address		Date of birth	
		Phone	
Location of parking			
Location of entrance			
Assessment completed by		Date	
		Review date	

### Outside residence

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Mobile phone coverage				

Access to neighbours/passing traffic/security issues				
Parking				
Driveway access for pick up/drop off				
Gates (easy to open)				
Pathway/garden				
Steps/stairs and railings				
Veranda/porch surface				
Pets present in yard – specify type				
Lighting at night				
Door clear of obstructions / easy to open				
Backyard suitable for activities				
Backyard equipment in safe and useable condition				
Entrance level, non-slip and easy access				

Floor surfaces				
Stair surface/railings				
Windows able to be safely opened/closed and locked				
Lighting				
Temperature/ventilation				
Freedom of movement				
Pets present – specify type				
Relatives/friends present				
Weapons (e.g. guns)				
Substances of abuse				
Cigarette smoking				
Emergency exit available				
Smoke detector				
Fire extinguisher/blanket				

## Electrical/Gas

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Electrical leads/extension cords				
Switches/plugs				
Power points near water				
Gas cylinders (hot water heating/oxygen)				

## Equipment

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Vacuum cleaner				
Carpet sweeper				
Broom (e.g. handle length)				
Mop/Bucket				

Iron/board				
Washing machine/dryer				
Dust pan and hand brush				
Toilet brush				
Washing machine/clothes dryer				
Clothes line/trolley				
Iron/ironing board				
Hot water service/exposed pipes				
Step ladder				
Food preparation equipment				

### Bathroom/Toilet

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Access to bath/shower/toilet (to use and clean)				

Drainage				
Ventilation				
Water temperature				
Electrical equipment				

### Kitchen/Dining

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Stove				
Electrical equipment				
Workspace organisation and height				
Table/chairs				
Access to food and drinking water				

## Laundry

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Workspace organisation and height				
Drainage				
Water temperature				
Ventilation				

## Bedrooms

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Sufficient space around bed				
Bed suitable height				
Heaters present				
Electrical cords/power points				

## Lounge

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Furniture design risks				
Furniture position risks				

## Hazardous substances

Category	Visually safe Y/N	Comments	Hazards identified & actions required	Completed date
Substances approved for use				
Labels present and clear				
Original containers in use				
Suitable for use				
Stored in safe position				
Gloves/other protection available				



Adequate ventilation – exhaust fan/open window				
Health effects/emergency procedures known				
Material Safety Data Sheets (MSDS) available				
Safe work procedure in place and known				
Emergency procedure known				

### Other issues

Category	Y/N	Comments	Hazards identified & actions required	Completed date
History of aggression or violence/threat to staff				
History of unresolved complaints/feedback for client/family				
Resistance to care				

Language/communication issues				
Unable to accept instructions				
Presence of any religious or cultural sensitivities				
Risk of infection				
Manual handling issues <i>(if yes complete MH assessment and attach)</i>				

## Statement

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious matter.

Assessor signature		Date	
Assessment authorised by		Date	

Once complete, return form to [admin@allaboutyou.org.au](mailto:admin@allaboutyou.org.au)