

Murrumburrah-Harden Flexible Care Service Inc.  
**HOME SAFETY ASSESSMENT**

Name:		Date of Birth;	
Address:			
Phone No.:			

Questions			comments
Do any occupants in the home smoke	Yes No	Please ask not to smoke whilst care staff are in attendance	
Any occupants likely to be under the influence of drugs/alcohol	Yes No	<i>details;</i>	
Are there any animals in the house/yard	Yes No	If yes, ask to be secured prior to scheduled visit	
Are there any weapons in the home	Yes No	Are they secured/locked	
Is the residence in a fire, flood or dangerous area	Yes No	<i>Details;</i>	
Is there good mobile phone coverage, if no, detail other plans for communication	Yes No		
Detail any other potential risks at the property			

**External Features;**

Is the house number visible from the street	Yes No	If not, identifiable features on the house;
Is street/house lighting adequate for later hours visits as required	Yes No	<i>details;</i>
Can our staff park safely at your home	Yes No	<i>details;</i>
Is the roadway and entry points safe in the wet	Yes No	<i>details;</i>
Are there any external steps / stairs	Yes No	<i>details;</i>
Are there any unusual access entries to your property	Yes No	<i>details;</i>
Are pathways easily accessible & free from trip hazards	Yes No	<i>details;</i>
Is there a clear path from the laundry to the clothesline	Yes No	<i>details;</i>
Can the clothes line be height adjusted	Yes No	<i>details;</i>
	Yes No	<i>details;</i>

## Internal Features;

Access doors are easily opened	Yes No	<i>details;</i>
Floors are clear of clutter	Yes No	<i>details;</i>
Are there any potential trip hazards ie mats, rugs	Yes No	<i>details;</i>
Are smoke detectors present and in working order	Yes No	<i>details;</i>
Are power points in good condition	Yes No	<i>details;</i>
Are electrical cables free of damage and not a trip hazard	Yes No	<i>details;</i>
Is there any mould in the house	Yes No	<i>details;</i>
Is the bathroom easy to manoeuvre client for shower assist	Yes No	<i>details;</i>
Is there adequate room in the shower cubicle for client and care worker	Yes No	<i>details;</i>
Are there any trip hazards in the bathroom	Yes No	<i>details;</i>
Is there adequate lighting and exhaust fan in bathroom	Yes No	<i>details;</i>
Is there adequate equipment or grab rails if required	Yes No	<i>details;</i>
Is the water temperature easy to moderate	Yes No	<i>details;</i>
Is the toilet equipped with grab rails, seat raiser as required	Yes No	<i>details;</i>
Is there hand soap available for care staff to wash hands	Yes No	<i>details;</i>
Is there a fire blanket in the home	Yes No	<i>details;</i>
Is there a first aid kit in the home	Yes No	<i>details;</i>
Are there adequate appliances on hand ie vacuum, dusters, mop, bucket and cleaning products	Yes No	<i>details;</i>
Are all residents of the home aware they should contact our office if they are unwell or have COVID	Yes No	<i>details;</i>
<i>Other comments;</i>		

**Assessment completed by:**

**date completed:**