

Safety Assessments

Service:

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Safety/Activity assessments in the folder?	Safety Assessments present in folder	Safety Assessments not present in folder					
Safety assessments in the correct place within the folder as stated on the folder index.	In correct place as per index.	Not in correct place as per index.					
All assessments signed and dated?	Assessment/s signed.	Assessment /s not signed					
Verification of risk reduction measures in place	Risk reduction measures in place	Risk reduction measures not in place.					
All assessments reviewed within the last 12 months?	Assessment/s have been reviewed within the last 12 months.	Assessment /s have not been reviewed within the last 12 months.					
Evidence that all service staff have awareness of contents of assessments.	Staff signed to verify their awareness.	Staff not signed to verify their awareness.					

Home Safety Survey

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Home safety survey is available in the H&S folder	Home Safety Survey is available.	Home Safety Survey is not available.					
Home Safety in the correct place within the folder as stated on the folder index.	In correct place as per index.	Not in correct place as per index.					
Home safety survey reviewed within the last 12 months?	Home safety survey has been reviewed within the last 12 months.	Home safety survey has not been reviewed within the last 12 months.					

HEALTH & SAFETY PLANNING GUIDE (HSPG)

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Check if HSPG is in place in the correct place in the service folder.	In correct place in service folder	Not in correct place in service folder					
Ensure checks within HSPG are being carried out	Checks carried out	Checks not carried out					
Ensure checks within HSPG are being signed and dated	All checks being signed and dated	Checks not being signed and dated					

HOIST/SLING EQUIPMENT CHECKLIST

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Hoist/sling checklist required	Required and in place	Required and not in place					
Checks carried when required	Checks carried as required	Checks not carried as required					
LOLER 6 month examinations	LOLER examinations carried out when required	LOLER examinations not carried out when required					
Annual maintenance of work equipment as per PUWER regulations	Work equipment is maintained	Work equipment is not maintained					

Wheelchair Equipment Checklist

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Wheelchair checklist required	Required and in place	Required and not in place					
Checks carried when required	Checks carried as required	Checks not carried as required					
Hoist/sling checks record	Checks signed and dated	Checks not signed and dated					
Annual wheelchair maintenance	Wheelchair equipment is maintained	Wheelchair equipment is not maintained					

EPILEPSY EQUIPMENT CHECKLIST

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Epilepsy equipment checklist required	Required and in place	Required and not in place					
Checks carried when required	Checks carried as required	Checks not carried as required					
Epilepsy equipment checks record	Checks signed and dated	Checks not signed and dated					
Annual maintenance of epilepsy equipment	Epilepsy equipment is maintained	Epilepsy equipment is not maintained					

DRIVERS VEHICLE CHECKLIST

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Drivers vehicle checklist required	Required and in place	Required and not in place					
Checks carried when required	Checks carried as required	Checks not carried as required					
Drivers vehicle checks record	Checks signed and dated	Checks not signed and dated					

SMOKE & CO DETECTORS CHECKLIST

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Smoke & Co2 detectors checklist required	Required and in place	Required and not in place					
Checks carried when required	Checks carried as required	Checks not carried as required					
Checks recorded	Checks signed and dated	Checks not signed and dated					

PEEP – PERSONAL EMERGENCY EVACUATION PLAN

Description	Pass criteria	Fail Criteria	Quarterly	Quarterly	Quarterly	Quarterly	Annual
Personal Emergency Evacuation Plan required	Required and in place	Required and not in place					
Plan is Practised	Plan is practised twice per year	Plan is not practised twice per year					
Personal Emergency Evacuation Plan record	Plan signed and dated	Plan is not signed and dated					
Personal Emergency Evacuation Plan reviewed	Personal Emergency Evacuation Plan reviewed – 12monthly	Personal Emergency Evacuation Plan not reviewed – 12monthly					