

HOME SAFETY SURVEY FOR _____(NAME)

Please answer the following questions and tick the appropriate box. **Y N**

1. General

- Do all electrical appliances and cables appear to be in good condition?
- Are all floor coverings safe and secure?
- Is all furniture and decoration in a suitable condition?
- Are all walkways and stairs free from clutter?
- Is the heating system suitable and sufficient?
- Are gas appliances serviced annually?
- Are all handrails on stairs and in the bathroom securely fixed?
- Are all areas including hallway (and stairs) well lit?

2. Fire and Emergency

- Is there a working smoke alarm
- Is the smoke alarm tested weekly?
- Is there a Fire Escape Plan?
- Have all the current Team members read the Escape Plan?

3. Kitchen/Bathroom

- Are all kitchen appliances in good working order?
- Are all bathroom fittings in good condition?
- Are all floor spills wiped up straight away?
- Are everyday items stored within easy reach? (i.e.without need for stepladder).....

Comments (if any):

.....

This assessment has been completed to the best of my knowledge. **See over for actions.**

Signed:..... Date:

Note: This assessment should be completed annually. **PTO**

BREAKDOWN OF ACTIONS

Where 'NO' has been indicated overleaf, please detail the agreed actions below:

The following section should be used to record any actions identified that require immediate or urgent attention. Things to consider:

1. When you are providing support you must think about health and safety issues for yourself, the person you are supporting and anyone who might visit the house/flat.
2. Assess the risks – and whether existing precautions are adequate or whether more needs to be done. Think about all the possible responses and be imaginative.
3. Remember, life is full of risks for all of us and so it is unreasonable to assume that people who need help to be independent should be totally risk-free. However we are all required to remove or reduce risks to as low a level as possible.
4. Record your findings below, and arrange for any actions to be completed.
5. Review the assessment – annually or when there have been significant changes to staff, equipment or any other factors.

WHAT <i>Needs to be done?</i>	WHO BY	FOR WHEN	SIGNATURE & DATE <i>When completed</i>