**SAMPLE GROUP HOME INSPECTION CHECKLIST**

**Address of Premises**:

**Date of Inspection**: **Review Due**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **NA** | **Hazard description/comment** | **Risk rating** | **Control required** | **Date to be completed** |
| 1. **Communication/Compliance** | | | | | | | |
| * 1. Is relevant and current health and safety information available in employee work area e.g. staff or H&S Committee minutes, client manual handling risk profiles etc   2. Is ther Poster “If you get injured at work” displayed? |  |  |  |  |  |  |  |
| 1. **First Aid** | | | | | | | |
| 2.1 Are first aid kit location(s) clear? |  |  |  |  |  |  |  |
| 2.2 Is treatment registered? |  |  |  |  |  |  |  |
| 2.3 Is there a checklist to ensure that first aid kit contents are fully stocked? |  |  |  |  |  |  |  |
| 2.4 Have all first aid kits been inspected in the last 3 months? |  |  |  |  |  |  |  |
| 1. **Manual Handling** | | | | | | | |
| 3.1 Are manual handling guidelines followed for handling and storage of all items within house? |  |  |  |  |  |  |  |
| 3.2 Are mechanical aids available and maintained in good working order where required e.g. lifters, wheelchairs, trolleys etc.? |  |  |  |  |  |  |  |
| 3.3 Has manual handling training been undertaken in last 12 months? |  |  |  |  |  |  |  |
| 3.4 Have manual handling procedures been developed for all residents where required and are they followed? |  |  |  |  |  |  |  |
| 1. **Electrical** | | | | | | | |
| 4.1 Are plugs, power outlets and switches in good condition? |  |  |  |  |  |  |  |
| 4.2 Are electrical plugs securely and fully inserted into power outlets? |  |  |  |  |  |  |  |
| 4.3 Are all leads and cords in good condition? |  |  |  |  |  |  |  |
| 4.4 Are electrical equipment/machines located away from wet or damp areas? |  |  |  |  |  |  |  |
| 4.5 Electrical appliances such as kettle, toaster etc are not placed on the metal draining board of a sink or metal tray. |  |  |  |  |  |  |  |
| 1. **Fire Protection** | | | | | | | |
| 5.1 Are smoke alarms present and tested as required? |  |  |  |  |  |  |  |
| 5.2 Is the fire blanket present in kitchen and within test date? |  |  |  |  |  |  |  |
| 5.3 Are fire extinguisher(s) within test date? |  |  |  |  |  |  |  |
| 5.4 Are the fire extinguisher locations clearly labelled? |  |  |  |  |  |  |  |
| 5.5 Does the house have an evacuation plan clearly sign posted? |  |  |  |  |  |  |  |
| 5.6 Has the house conducted an evacuation drill as required – sight documentation. |  |  |  |  |  |  |  |
| 5.7 Has the dryer filter been cleaned regularly? |  |  |  |  |  |  |  |
| 1. **Security** | | | | | | | |
| 6.1 Is there a security plan in keeping with resident needs/behaviours? |  |  |  |  |  |  |  |
| 6.2 Are staff able to easily access a phone at all times e.g. cordless phones available? |  |  |  |  |  |  |  |
| 6.3 Are duress alarms provided and worn and tested regularly if required? |  |  |  |  |  |  |  |
| 6.4 Has a safe area or evacuation route been identified to remove staff and residents from danger? |  |  |  |  |  |  |  |
| 1. **Chemicals/Gas** | | | | | | | |
| 7.1 Is there an inventory of all chemicals used at the house |  |  |  |  |  |  |  |
| 7.2 Are chemicals stored safely with regard to their security, type of container, compatibility etc as described in the Safety Data Sheet (SDS)? |  |  |  |  |  |  |  |
| 7.3 Are SDS’s readily accessible for the chemicals used and stored at the workplace? |  |  |  |  |  |  |  |
| 7.4 Do compressed gas cylinders (if used) have a date stamp indicating last inspection was within 10 years and is it stored upright and away from ignition sources? |  |  |  |  |  |  |  |
| 1. **Housekeeping** | | | | | | | |
| 8.1 Are all work areas and shared facilities (e.g. kitchen, toilet, bathrooms) in the house clean and orderly? |  |  |  |  |  |  |  |
| 8.2 Does the house allow free & unobstructed movement of people & material/equipment (e.g. passageways, stairs, and ramps)? |  |  |  |  |  |  |  |
| 8.3 Are floor surfaces in good condition? e.g. carpet edges not lifting, no loose tiles or surfaces |  |  |  |  |  |  |  |
| 8.4 Ceiling tiles and fittings (e.g. light diffusers and air conditioning outlets) are secure. |  |  |  |  |  |  |  |
| 8.5 Are stairways non-slip and handrails provided? |  |  |  |  |  |  |  |
| 8.6 Microwave oven doors fit squarely and securely and open and close smoothly? |  |  |  |  |  |  |  |
| 8.7 Microwave ovens are in good condition and free of corrosion? |  |  |  |  |  |  |  |
| 8.8 Are all sharp objects secured where necessary? |  |  |  |  |  |  |  |
| 8.9 Do all lights in the house work? |  |  |  |  |  |  |  |
| 1. **Environment** | | | | | | | |
| 9.1 Are water taps free of leaks? |  |  |  |  |  |  |  |
| 9.2 Is hot water temperature appropriate? |  |  |  |  |  |  |  |
| 9.3 All plant/equipment is working efficiently and without faults (e.g. lights, fridges, air conditioners etc)? |  |  |  |  |  |  |  |
| 1. **External** | | | | | | | |
| 10.1 Do fences/other hazards allow adequate access to the home? |  |  |  |  |  |  |  |
| 10.2 Is the home free of any other outdoor hazards including rubbish? |  |  |  |  |  |  |  |
| 10.3 Are paths and verandas in a good state of repair? |  |  |  |  |  |  |  |
| 10.4 Are steps and driveways safe? |  |  |  |  |  |  |  |
| 10.5 Are front/side/back doors easily opened and closed? |  |  |  |  |  |  |  |
| 10.6 Is the home free of any other access hazards? |  |  |  |  |  |  |  |
| 10.7 Is there adequate external lighting e.g. sensor lights at front? |  |  |  |  |  |  |  |
| 10.8 Is there well-lit parking available for staff on site or in street? |  |  |  |  |  |  |  |
| 10.9 Does pool area if provided have secure fencing? |  |  |  |  |  |  |  |
| 10.10 Is the pool area free from hazards? |  |  |  |  |  |  |  |
| 10.11 Does the pool area display resuscitation signage? |  |  |  |  |  |  |  |
| 10.12 Does the garage/shed have any hazards and so are they controlled e.g. chemical hazards, slip/trip/falls, manual handling etc.? |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Inspected By: Date:**