**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 OHS Committee minutes, client manual handling risk profiles etc   2. Is WorkCover Poster “Watching out for You” 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 Material Safety Data Sheet (MSDS)? |  |  |  |  |  |  |  |
| 7.3 Are MSDS’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:**