



# HEALTH & SAFETY CHECKLIST

|      |  |
|------|--|
| Date |  |
|------|--|

To be completed on a regular basis, when a new PA commences and when changes to the home, layout or equipment takes place.

## Employer details

|              |  |
|--------------|--|
| Name(s)      |  |
| Home Address |  |

Individual/s completing this checklist

Reason for completing this checklist   
e.g. Ongoing monitoring, in response to an issue or any other changes

## 1 - UTILITIES

| Things to check  | Y | N | Action to be taken |
|--|---|---|--------------------|
| Are all electrical appliances fitted with a correctly fused three pin plug?            |   |   |                    |
| Are there any Multiple Adaptors in use?  |   |   |                    |
| Are sockets overloaded?  |   |   |                    |
| Are there any trailing leads or extension cables that could be caught or tripped over? |   |   |                    |
| Is your fuse box fitted with RCD switches?   |   |   |                    |
| Can the hot water temperature be controlled to prevent scalding?                       |   |   |                    |
| Are your gas appliances safe and serviced regularly?                                   |   |   |                    |
| Do you have a Carbon Monoxide detector near any gas appliances?                        |   |   |                    |

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Are your Oil/Coal fired appliances safe and serviced regularly?             |   |   |                    |
| Do you have a Carbon Monoxide detector near your Oil/Coal fired appliances? |   |   |                    |

## 2 - EMERGENCY PROCEDURES

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Do you have working fire and smoke detectors fitted?                            |   |   |                    |
| Do you maintain and test them regularly? (i.e weekly)                           |   |   |                    |
| Do you change the battery in your smoke detectors annually?                     |   |   |                    |
| Do you have an accessible first aid box?  |   |   |                    |
| Do you know how to deliver emergency first aid and when and how to summon help? |   |   |                    |
| Have you a 'planned' escape route and procedure in the case of an emergency?    |   |   |                    |
| Is everyone in the household aware of this plan?                                |   |   |                    |
| Are all exit doors easily opened in an emergency? (Inc. nights)                 |   |   |                    |
| Do you have emergency telephone numbers readily available?                      |   |   |                    |
| Are all key members of the household aware of this?                             |   |   |                    |

### 3 - DOMESTIC SAFETY

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Is the property suitable for the number of people who will be living or staying there?      |   |   |                    |
| Is the environment clean, well lit and airy?  |   |   |                    |
| Do all rooms have good ventilation?   |   |   |                    |
| Are the lighting levels adequate in all used rooms?   |   |   |                    |
| Are you able to control the temp in all rooms and maintain the temp at a comfortable level? |   |   |                    |
| Do windows pose any risks? e.g. opening not restricted or restrictors where required        |   |   |                    |
| Do you have any smoking arrangement? (specific rooms, outside areas, etc)                   |   |   |                    |
| Do you have any animals? (domestic or wild)   |   |   |                    |
| Are the roads or railway near to you busy or dangerous?                                     |   |   |                    |
| Do you have any rules about locked doors, gates?  |   |   |                    |
| Do you have any 'out of bounds' areas?  |   |   |                    |
| Are any machinery, tools and garden equipment stored safely?                                |   |   |                    |
| Do you have any ponds, garden features that could cause a hazard?                           |   |   |                    |
| Are all rugs, mats, or other floor coverings slip proof?                                    |   |   |                    |
| Could any of the rugs, mats or floor covering constitute a tripping hazard?                 |   |   |                    |

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Are furniture and furnishings in a safe and usable condition and comply with the relevant legislative safety provisions including the Furniture and Furnishings (Fire Safety) Regulations 1988. |   |   |                    |
| Are all cleaning fluids and other substances kept in their original containers and in a safe place? (e.g. locked cupboard if required)  |   |   |                    |
| Are open fires protected by a fireguard?  |   |   |                    |
| Do all doors fit Correctly?   |   |   |                    |
| Are flammable items stored away from sources of ignition?   |   |   |                    |
| <b>Do you have a domestic Fire Extinguisher or Fire Blanket?</b>  |   |   |                    |
| If so do you know how to operate it safely?   |   |   |                    |
| Are fire arms stored in locked metal cabinet and does the owner hold a valid firearms licence?  |   |   |                    |

#### 4 - KITCHEN AND FOOD

| Things to check  | Y | N | Action to be taken |
|--|---|---|--------------------|
| Is it obvious when your cooker or hobs are on?                           |   |   |                    |
| Are kitchen work-surfaces and flooring kept clean and in good condition? |   |   |                    |

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Is food appropriately stored and the fridge and freezer kept at a safe temperature?   |   |   |                    |
| Are you and your household aware of the correct methods of food handling and hygiene? |   |   |                    |

## 5 - MEDICATION AND HEALTH

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Do you, or anyone in your household take prescribed medication?           |   |   |                    |
| Do you, or anyone in your household take 'over the counter' medication?   |   |   |                    |
| Are any of the medicines considered harmful or dangerous?                 |   |   |                    |
| Do you have a safe, secure and locked place in which to store medication? |   |   |                    |

## 6 - GENERAL

| Things to check   | Y | N | Action to be taken |
|---|---|---|--------------------|
| Are there any other risks associated with the role that you have identified |   |   |                    |

| Things to check  | Y | N | Action to be taken |
|--|---|---|--------------------|
| Have you identified any learning needs around Health and Safety for Direct payment recipients and Personal Assistants? |   |   |                    |
| Have you identified any support needs around health and safety issues?   |   |   |                    |

### 7 - ELECTRICAL CHECKS

Please detail the checks that are carried out to ensure that the electrical appliances used in the household are safe. (i.e. plugs secure to walls, flex not frayed or damaged).

### 8 - PLANNED ESCAPE ROUTE

Please give details of your Planned Escape Route / Fire Plan and Procedures to follow in the event of an Emergency and include the details of any fire safety checks that you make before bedtime

**Please detail the ‘planned escape route’/Fire Plan that you are/intend to use to ensure the safe evacuation of all members of the household.**

It is important that Personal Assistants and Direct Payments Recipients know what to do in the event of a fire and that they make a fire plan.

This should include:

- Knowing the location, operation and safe method of use of any firefighting equipment;
- Ensuring that all escape routes are known, unobstructed and free from trip hazards;
- Knowing the means of raising the alarm in the event of fire;
- An evacuation plan with an external assembly point which is explained to and understood by all members of the household
- Knowing how to call the fire brigade in the event of fire.

## **9 - FIRE PLAN**

## **10 - ANY OTHER COMMENTS OR NOTES**

|                                |  |              |
|--------------------------------|--|--------------|
| <b>Signed DP<br/>Recipient</b> |  | <b>Date:</b> |
| <b>Signed PA</b>               |  | <b>Date:</b> |