

# In Home Care Educator

## Home Safety Inspection

Date:    /    /	Educator: _____ Sign		
	Parent/Client: _____ Sign		
Location			
Family/Client Name			
<b>2. Inspection Record</b>			
Inspection Item	Result	Plan to Fix &/or Comment	Date Fixed
<b>Building Floors and Facilities</b>			
Are all areas of the building and fixtures in good condition and safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the environment appropriately sized for care required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are floors and stairs in good condition – no risk, slips, trips or falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the environment clean and free of clutter & appropriately sized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the building/space secure? – a lockable door or child gate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Electrical</b>			
Are all plugs, outlets, power leads or outlets in safe condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Lighting</b>			
Is lighting adequate for the tasks carried out, & are fittings in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Fire Prevention &amp; Control</b>			
Is there a fire extinguisher or fire blanket?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there smoke detectors and when were the batteries last changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>First Aid</b>			
First aid box/cabinet available and contents clean & stocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is there a resuscitation chart on display in a prominent place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Car Park &amp; Entrance</b>			
Is car park and front door lighting working /adequate for educators working at night/late?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Protection from falls</b>			
Is everything I need close to the nappy change area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Can toys be reached without climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there barriers on stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Poisons, Medications, Cleaning Material</b>			
Are all cleaning materials locked away & in correctly labelled containers (Age appropriate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are poisons & medications locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/		
<b>Outside Area</b>			
Is there an outside play area available & fully enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Is outside gate lockable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is outside play equipment in good order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is pool fenced, gates locked & child proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
No other drowning hazards in the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the shed/garage door locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the yard free from hazards so far as reasonable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Toys</b>			
Are toys in a safe clean condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Miscellaneous</b>			
Is there adequate heating, cooling and ventilation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is heater guard securely in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are knives & matches out of reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If the Family vehicle is to be used by the carer, is it registered and vehicle in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Seat belts/restraints are safe- no small frays, tears, rust or mould?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Last Inspection Report</b>			
Have all items been fixed as planned on the last inspection report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Other Hazards / items in poor condition requiring attention**

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**Additional Comments:**

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