

Checklist overview

Community service provider:

Address of premises:

Checklist	Inspection by	Inspection date
1. Accessibility and safety of premises		
2. Manual tasks		
3. Equipment		
4. Hazardous substances		

Client acknowledgment

The need to conduct a workplace health and safety assessment of my home (located at the above address) has been explained to me and conducted with my permission. Hazards identified during the assessment have been brought to my attention.

Client/Family (please print)		Inspecting person (please print)	
Client/Family signature		Inspecting person's signature	
Date		Date	

Checklists outcomes

Corrective actions required	Corrective actions undertaken	Date completed	Responsible person

Checked by: (please print)			
Signature:		Date:	