Hazard identification checklist

Tick relevant hazard box and record comments and/or action taken

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| Type of hazard | | Comment/action taken |
| Inadequate lighting |  |  |
| Appropriate household cleaning equipment |  |  |
| Manual handling (for example, lifting loads) |  |  |
| Limited ventilation |  |  |
| Infectious diseases |  |  |
| Open wounds/cuts |  |  |
| Chemicals or medications |  |  |
| Faulty electrical equipment |  |  |
| Overloaded power points |  |  |
| Pets |  |  |
| Bathroom equipment and supplies |  |  |
| Loose floor coverings |  |  |
| Client behaviour (e.g. aggressive behaviours) |  |  |