# **OFF SITE SAFETY**

**RISK ASSESSMENT FORM**

**PARISHIONER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed prior to the home visit. Part A may be completed over the phone.**

**DESCRIPTION OF MAIN ACTIVITIES TO BE UNDERTAKEN:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected time at clients premises:

Person you have informed of your whereabouts:

Do you have a mobile phone with you:

Person attending with you:

***PART A***

|  |  |  |
| --- | --- | --- |
| **Examples of Hazards** | **YES / NO** | **Controls** |
| Access to house (*are there any potential hazards while accessing / entering the house? i.e. parking, rubbish, clear paths, long grass, screen door to be unlocked for duration of visit*)  |  |  |
| Do you have a working door bell / chime? |  |  |
| Presence of animals (*Does the parishioner have pets? Will they be present for duration of visit? Can they be restrained*) |  |  |

***PART B*** (to be completed at or after visit)

|  |  |  |
| --- | --- | --- |
| Noise (*TV, radio’s left on loud*) |  |  |
| Exposure to smoke, dusts, fumes (*is the client a smoker? Is there excessive dust in the home?*) |  |  |
| Tripping or slipping (*is the place tidy? No clutter, rubbish left lying around the place*) |  |  |
| Subject to intimidation, violence or verbal abuse |  |  |
| Other (specify ) |  |  |

**Completed By:**