PLEASE NOTE THAT THIS DOCUMENT IS INTENDED TO PROVIDE GUIDANCE FOR DIRECT PAYMENT USERS. YOU MAY WISH TO ADD TO OR EDIT THIS DOCUMENT TO MEET YOUR REQUIREMETS. THE COUNCIL DOES NOT TAKE RSESPONSBILITY FOR THIS DOCUMENT, RECRUITMENT OR EMPLOYMENT OF PERSONAL ASSISTANTS.

**Sample safety in the home checklist**

Checklist procedure:

* The checklist should be completed annually.
* The checklist will also require completion each time there is a change to the environment.

**Name:**

**Home address:**

**Date checklist complete:**

|  |  |  |
| --- | --- | --- |
|  | Satisfactory yes/no | Comments / actions required |
| Are doorways clear of obstacles? |  |  |
| Do staircases have clear and easy access at all times? |  |  |
| Are there any loose carpets on floors or staircases? |  |  |
| Are there any overloaded sockets? |  |  |
| Is there adequate ventilation? |  |  |
| Is the heating adequate and controllable? |  |  |
| Is lighting adequate? |  |  |
| Is there any equipment that does not function properly? |  |  |
| Any trailing or damaged flexes? |  |  |
| Any damaged sockets? |  |  |
| Does you personal assistant use visual display equipment? |  |  |
| Do you have suitable and accessible fire-fighting equipment? |  |  |
| Has it been serviced within the last year? |  |  |
| Does your personal assistant have adequate space to complete their work? |  |  |
| Will your PA have to excessively stretch or bend to complete tasks? |  |  |
| Do you and your personal assistant have all the emergency contact numbers you require? |  |  |

**Signed:**