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## **Home Visit - Work and Health Safety Checklist**

Staff/student conducting home visit to complete this form prior to home visit.  
Copies to be provided to Nominated "Phone In/Phone Out" Buddy/Supervisor

### **Staff / Student Visitor Information**

Name:

Phone Number:

Name of Chaperone (if relevant):

Contact Number (if relevant):

Nominated "Phone In/Phone Out" Contact Buddy:

Buddy Phone Number:

### **Participant Information**

Name:

Address:

Phone Number:

Emergency contact name (eg next-of-kin, GP, family member):

Emergency contact number:

### **Risk Assessment of home visit**

Are there any foreseeable risks identified in the Risk Assessment? Consider:

- Mobile phone coverage
- Pets
- Others present during the visit
- Smokers
- Parking
- Personal security
- Travel
- Manual handling
- Stress
- Other

**Please specify:**

**Specify Controls/Actions for all risks identified:**

Home visit scheduled for: Date:

Time:

**Safety check in times to nominated Contact Buddy:**

- Upon arrival at home:
  - Expected Time: Time safety contact made:
- At departure from home:
  - Expected Time: Time safety contact made:

Safety response procedures if no contact made by agreed time of:

*Record time of call:*

- If no contact by agreed time ➤ Call the person
- If no response ➤ Call chaperone (if relevant)
- If no response to 3 calls in 15 minutes ➤ Call supervisor
- If unresolved within 3 hours from last contact ➤ Notify police

**Signed:**

**Date:**