

Home visiting risk Assessment Form

Risk Assessor Name		Client Name	
Date of Assessment		Client Postcode	
Date of Last Review		Charity Log Number	

Pre-Visit Risk Checks	Y/N or NA	Further Details/ Comments
Any risks identified pre visit?		
Is there a requirement for a 2 person visit or a specific volunteer/staff member e.g. male only?		
Ensure you have logged your appointment pre visit on CLOG as per the lone working policy.		
Visit only Mon-Fri between 10am -4pm		
Check location online before travelling. If the area looks like it poses a risk speak to line manager		

External Environment Risk		Y/N or NA	Further Details/ Comments
1	Have any potential trip hazards been identified, e.g. uneven pathway?		
2	Is access to the property well-lit?		
3	Are there nearby parking facilities?		
4	Are there any other concerns relating to external environment?		

Fire Risks		Y/N or NA	Further Details/ Comments
5	Is there a clear fire exit route?		
6	Does anyone in the property smoke? Are they prepared to refrain whilst AUKN visit?		
7	Is there a working fire detector and firefighting equipment available? If not, do we have consent to refer to I&A for advice and signposting?		
Internal Environment Risks		Y/N or NA	Further Details/ Comments
8	Are there any pets? Will they need to be kept in a different room whilst the visit takes place?		
9	Is there any pet excrement in the property or infestations?		
10	Are there any potential trip hazards identified (e.g. trailing cables, rugs)		
11	Do any rooms in the property meet level four or above on the clutter scale?		
12	Is there a good mobile 'phone reception in the house?		
13	Any other concerns relating to the internal environment?		
Client Risks		Y/N or NA	Further Details/ Comments
14	Are there any mobility issues relevant to service delivery? (companionship -Given the client's current mobility status, are any goals set out in the community achievable?)		
15	Are there any known visitors to the property that could cause a risk to service delivery?		
16	Is there a care company engaged? Which one? When do they attend the property?		
17	Are there any health conditions relevant to the service provision, including changes in memory?		
18	Are there behavioral or appearance issues (inappropriate language / dress/ cleanliness)?		

19	Do you have any reason to believe that the client is under the influence of alcohol or drugs (other than prescribed medication)?		
20	Are there any other client-related risks/ concerns?		
21	Does the client have any criminal convictions?		

IF ANY RISKS ARE IDENTIFIED YOU MUST:

Add any identified risks to CLOG under the risk assessment tab, for all staff to access.

Upload a completed risk assessment form to the client along with your findings.

Ensure any assigned staff member or volunteer are made aware of identified risks.

Review the volunteers buddy status

What is the Hazard? (No. and Risk)	Who might be harmed?	What measures are already in place to reduce risk?	What additional measures are recommended to reduce the risk?	Actions by whom?	Actions by when?	Date completed