Flinders University

Flinders University
GPO Box 2100
ADELAIDE SA 5001

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:**