

Home Safety Checklist Under 5's

← Required fields

Office Use

Area Code

Ward

Date of Visit

Source of Request

Self

Social Services

Health Professional

Family or Friend

MARA

Other

Other

Home Safety Advisor Code

Occupant Details

Ref Number

Forename

Surname

House No (or Name)

Street

Town/City

Postcode

Contact Number

Ensure that the check doesn't cause confusion or give advice that conflicts with that given by other agencies

Type of Dwelling

Terraced

Semi-detached

Detached

Maisonette

Bungalow

Flat

Other

Other

Who owns the Property?

Home Owner

Housing Executive

Housing Association

Private Landlord

Other

Other

Number of adults

Number of children under 5

Number of children aged 5+

Do you have any support e.g. Family/Friend/support worker?

Yes

No

Has anyone had a home accident in the last year?

Yes

No

Number of accidents

1

2

3+

[If No. skip to Q.1.1](#)

Who?

Under 5

Older Child

Adult

When?

Spring

Summer

Autumn

Winter

Not sure

Where?

Porch/Hall/Stairs

Living Area

Kitchen

Bedroom

Bathroom

Outdoors/ Garage

Type of Accident

Fall from Height

Fall on same level

Poisoning

Burns/Scalds

Striking

Fire

Choking/Ingestion

Other

Other

Briefly describe what happened and to whom?

Did you visit GP?

Yes

No

Did you have to go to hospital?

Yes

No

Were you admitted to Hospital?

Yes

No

Time spent in hospital (days)

House score



Home Safety Checklist Under 5's

Accident details continued.....

Who?	Under 5 <input type="checkbox"/>	Older Child <input type="checkbox"/>	Adult <input type="checkbox"/>			
When?	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Autumn <input type="checkbox"/>	Winter <input type="checkbox"/>	Not sure <input type="checkbox"/>	
Where?	Porch/Hall/Stairs <input type="checkbox"/>	Living Area <input type="checkbox"/>	Kitchen <input type="checkbox"/>	Bedroom <input type="checkbox"/>	Bathroom <input type="checkbox"/>	Outdoors/ Garage <input type="checkbox"/>
Type of Accident	Fall from Height <input type="checkbox"/>	Fall on same level <input type="checkbox"/>	Poisoning <input type="checkbox"/>	Burns/Scalds <input type="checkbox"/>	Striking <input type="checkbox"/>	Fire <input type="checkbox"/>
				Choking/Ingestion <input type="checkbox"/>	Other <input type="checkbox"/>	

Other

Briefly describe what happened and to whom?

Did you visit GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did you have to go to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you admitted to Hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time spent in hospital (days)		

Fire Safety

Item to Check

What to Check

Yes **No**

1.1 Smoking

Does anyone smoke in the home?

ADVICE: If Yes, advise not to smoke in bed/armchair or when sleepy. Use ashtray and empty it at night (ensure fully extinguished)

Advice given?

1.2 Matches/Lighters

Stored safely out of sight and reach?

1.3 Candles

Do you burn candles? (Including emergency use)

ADVICE: Keep matches/lighters out of children's reach. Do not leave candles unattended, place on plastic surfaces or near soft furnishings. Use a metal or heat proof holder.

Advice given?

1.4 Smoke Detectors

a) Present?

If No. skip to Q 1.5

b) Adequate number?

c) Suitable location?

d) Tested regularly?

e) Working?

ADVICE: Test all smoke alarms (and heat detector, if fitted) weekly and change battery annually (where necessary). Replace all smoke alarms every 10 years. Remind clients that this includes the mains electrical type. There should be at least 1 smoke alarm per floor, situated on the ceiling away from walls and light fittings. If none present consider referral to NIFRS for information and advice. If an alarm chirps to warn of a low battery replace the battery immediately and retest to ensure it is correctly fitted.

Advice given?

1.5 Fire Escape Plan

Do you have one and have you practiced it?

ADVICE: Ensure easy access to front/back door key day and night. Keep a charged mobile/cordless phone in the bedroom at night. If cut off by fire, close the door, use towels etc to block gaps. Make way to window and stay low. Open window and try to attract the attention of others.

Advice given?

1.6 Night-time Routine

a) Are sockets switched off/appliances unplugged and all heaters turned off?

b) Are doors to all rooms closed at night?

ADVICE: Advise that shutting doors slows spread of smoke and flames in the event of a house fire. Take particular care when consuming alcohol, try not to cook fried food and always carry out a night-time routine.

Advice given?

Additional Advice/Recommendations

House score



Home Safety Checklist Under 5's

Home Heating/Cooking Appliances & Carbon Monoxide Poisoning

2.1 Home Heating (Answer for all that apply)

i) Type	ii) Serviced/Flues & chimneys swept annually?		iii) Appliance located within house or attached garage? **	
	Yes	No	Yes	No
a) Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Gas (mains) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Bottled/tank gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid Fuel Burners <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Open Fire <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Electric <input type="checkbox"/>				
g) Other <input type="checkbox"/>	Please specify <input style="width: 100%; height: 20px;" type="text"/>			

2.2 Cooking Appliances (Answer for all that apply)

i) Type	ii) Serviced/Flues & chimneys swept annually?		iii) Appliance located within house or attached garage? **	
	Yes	No	Yes	No
a) Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Gas (mains) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Bottled/tank gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid Fuel Burners <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Electric <input type="checkbox"/>				
f) Other <input type="checkbox"/>	Please specify <input style="width: 100%; height: 20px;" type="text"/>			

2.3 Carbon Monoxide

**** Only complete if you answered 'Yes' to part (iii) of Q 2.1/2.2 ****

	Yes	No	N/A
a) Do you have an audible CO alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Adequate number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Suitable location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No, skip to Q 2.4

2.4 If you answered 'No' to any of the questions in 2.3, what type of appliance is there concerns with? (Tick all that apply)

a) Home Heating	Oil <input type="checkbox"/>	Gas (mains) <input type="checkbox"/>	Bottled/tank gas <input type="checkbox"/>	Solid Fuel Burners <input type="checkbox"/>	Open Fire <input type="checkbox"/>
b) Cooking Appliances	Oil <input type="checkbox"/>	Gas (mains) <input type="checkbox"/>	Bottled/tank gas <input type="checkbox"/>	Solid Fuel Burners <input type="checkbox"/>	

ADVICE: Advise on the dangers of CO poisoning especially if chimney is not swept regularly or appliances not serviced annually. Give information about the symptoms and signs of CO being given off. Advise to keep a window open when using a portable gas heater or gas cooker. Never block up air vents for gas or solid fuel burning appliances. CO Detectors should comply to the BS EN 50291 standard and should be used in accordance with the manufacturers instructions (note that CO detectors do not work in the same way as smoke detectors).

Advice given?

2.5 Home Heating

a) Can you manage the heating?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the heating adequate?	<input type="checkbox"/>	<input type="checkbox"/>	

ADVICE: If No, advise about heating schemes NIHE/EAGA/Warm Homes/Fuel Poverty.

Advice given?

2.6 Open Fire/ Solid Fuel Burners

a) Present and used?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Kindling/firelighters kept away from fire and out of reach/sight of children?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Extending (Nursery) Fireguard used and securely fixed so it cannot tip over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Spark guard present if solid fuels are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No, skip to Q 3.1

ADVICE: Use a fire guard to prevent children getting too close to fire and spark guard if burning solid fuels. Ensure fireguards are adequately secured to the wall. Fireguards should not be used to dry clothes.

Advice given?

House score



Home Safety Checklist Under 5's

Porch/Hall/Stairs/Landing

	<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
3.1	<u>Stairs</u>	Are there stairs?	<input type="checkbox"/>	<input type="checkbox"/>	
			<i>If No, skip to Q 3.6</i>		
3.2	<u>Staircase/Landing</u>	Free from obstructions (including bottom of stairs)?	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	<u>Stair Floor Covering</u>	Non-slip, good repair and secure?	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	<u>Staircase</u>	a) Are stair gates in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Adequate number, securely fitted and safely located?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Pressure fit gates are not recommended for the top of the stairs as the bar at base of the gate poses a trip hazard. Stair gates are not recommended for use once the child has reached 24 months or can climb well enough to get over the stair gate.</i>			Advice given? <input type="checkbox"/>		
3.5	<u>Handrail/ Banister</u>	Does the handrail feel secure and are the balustrades safe and secure with no gaps over 10cm?	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	<u>Hall & Stair Lighting</u>	Is a light left on at night to allow children to see where to go if they get up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, what type? Ceiling light <input type="checkbox"/> Lamp <input type="checkbox"/> Night-light <input type="checkbox"/>			
<i>ADVICE: Generally plug in night lights do not provide sufficient light. Low energy light bulbs provide better light and are not too expensive to run.</i>			Advice given? <input type="checkbox"/>		
3.7	<u>Plug in Air Fresheners</u>	Is one or more of these in use in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: If Yes, advise that the air freshening fluid, sachets or capsules are a potential poison and are usually within easy reach of a small child. They could also be a fire hazard if left on for long periods or continuously so should only be used for a short while and not in areas where a child can access them.</i>			Advice given? <input type="checkbox"/>		

Living Area

	<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
4.1	<u>Tall & heavy objects</u>	Are tall objects (e.g. display cabinets, book cases, flat screen TV's) securely located or fixed to the wall so they cannot be tipped over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Large flat screen TV's can be heavy and have a high centre of gravity that means they can be easily tipped over if bumped into or pulled at. Wall mounting flat screen TV's can secure them or RoSPA recommends fitting Anti-tip straps.</i>			Advice given? <input type="checkbox"/>		
4.2	<u>Windows</u>	a) Are window openings limited to a maximum of 10cm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Is furniture kept far enough away from windows so that children cannot climb up to reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Advise to ensure that windows are not accessible by small children. Arrange furniture so it cannot be climbed upon to reach the window. Window restrictors can be fitted to prevent windows, especially upstairs, from being opened wide enough for children to fall out.</i>			Advice given? <input type="checkbox"/>		
4.3	<u>Blind & Curtain Cords & Chains</u>	Are they kept out of children's reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Keep blind & curtain cords & chains out of reach and avoid looped cords when purchasing new blinds. Curtain tie backs can also pose a strangulation hazard so need to be kept out of reach.</i>			Advice given? <input type="checkbox"/>		
4.4	<u>Small Items</u>	Are small items (coins, screws, jewellery, buttons etc) stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Ornaments/breakables should be removed or located safely so they cannot be knocked over and broken.</i>			Advice given? <input type="checkbox"/>		
4.5	<u>Baby Walkers</u>	Is one in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Advise NOT to use Baby Walkers as they can contribute to a fall if they topple over or go over a step/change on height. Their use allows children access to hazards such as poisons or hot drinks at a higher level and achieve movement faster than expected.</i>			Advice given? <input type="checkbox"/>		
4.6	<u>Baby Bouncers/Car Seats</u>	Are there concerns regarding baby bouncers/seats/car seats etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Advise to ensure always positioned on the floor - not at a height where the child's movement could cause them to fall.</i>			Advice given? <input type="checkbox"/>		
4.7	<u>Baby Changing</u>	Are there concerns regarding where nappy changing is being carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Advise to use a changing mat on the floor as the child may fall if changed at a height, especially as they get stronger and able to wriggle or roll off.</i>			Advice given? <input type="checkbox"/>		

Additional advice/recommendations/referrals for Porch/Hall/Stairs/Landing/Living Area

IMPORTANT - Remember to check lighting, flooring, position of furniture, electrical hazards, window and glass safety in all rooms and record in general section

House score



Home Safety Checklist Under 5's

Kitchen/Dining Areas

	<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
5.1	<u>Cooking Equipment</u>	a) Is it accessible to children (including Microwave)?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: If Yes, advise to keep children out of the kitchen (if appropriate), especially if the oven is mounted at a height that is easy for a child to reach. Advise that a child in a baby walker may be able to reach low ovens.</i>				Advice given?	<input type="checkbox"/>
		b) Are handles of saucepans/pots turned away from edge and back rings used first?	<input type="checkbox"/>	<input type="checkbox"/>	
		c) Are gas cylinders stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d) Are chip pans/frying/grill pans used?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Advise NOT to use chip pans. Instead, use a Thermostatically Controlled Electric Fryer or oven chips.</i>				Advice given?	<input type="checkbox"/>
5.2	<u>Electrical Equipment</u>	a) Are all electrical flexes out of reach and towards back of worktop/kitchen units?	<input type="checkbox"/>	<input type="checkbox"/>	
		b) Are items (microwave, washing machine, tumble dryer, food mixers etc) switched off when not in use to avoid accidental operation by a child?	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	<u>Cooking Utensils</u>	Are sharp items (knives, scissors etc) kept out of reach at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Sharp items are best stored in a drawer or cupboard secured with a lock or catch.</i>				Advice given?	<input type="checkbox"/>
<i>ADVICE: Keep Rubbish/Waste bins out of the reach of small children as they may contain items with sharp edges and present hygiene issues.</i>				Advice given?	<input type="checkbox"/>
<i>ADVICE: Advise not to use table cloths, they can easily be pulled, causing what is on the table to fall onto the child. Using place mats is an alternative to table cloths.</i>				Advice given?	<input type="checkbox"/>
5.4	<u>Highchairs/Pushchairs</u>	a) Fitted with a 5 point harness which is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>If NA, skip to Q 5.5</i>		
		b) Located safely away from hazards and stored safely when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	<u>Chemicals/Poisons</u>	a) Are chemicals stored in original containers?	<input type="checkbox"/>	<input type="checkbox"/>	
		b) Are medicines, alcohol and chemicals stored safely out of sight & reach of children in a high locked cupboard?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: If No, advise that safest place for poisons to be stored is in a high cupboard in the kitchen secured with a cupboard lock. Advise not to leave medication in handbags.</i>				Advice given?	<input type="checkbox"/>
5.6	<u>Plastic Bags</u>	Stored out of children's reach?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Tie plastic bags into a knot when storing them to reduce the risk of suffocation.</i>				Advice given?	<input type="checkbox"/>
5.7	<u>Food</u>	Are young children always supervised whilst eating to reduce the risk of choking and other accidents?	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	<u>Hot Drinks</u>	Are there concerns regarding hot drinks?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Ensure that adults never hold a cup of hot drink while near to or holding young children. Advise that a hot drink can stay hot enough to seriously scald a small child for around 15 minutes.</i>				Advice given?	<input type="checkbox"/>
5.9	<u>Ironing</u>	Are there concerns regarding ironing?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Ensure ironing is always done when the children are not around (e.g. while asleep or in another room) and that the iron is left to cool in a safe place, out of sight and reach of children.</i>				Advice given?	<input type="checkbox"/>

Additional Advice/Recommendations

IMPORTANT - Remember to check lighting, flooring, position of furniture, electrical hazards, window and glass safety in all rooms and record in general section

House score



Home Safety Checklist Under 5's

Child's Bedroom/Other Bedrooms

<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
6.1 <u>Windows</u>	a) Is the window opening limited to approximately 10cm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is furniture kept far enough away from the window so that children cannot climb up to reach it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>ADVICE: Advise to ensure that windows are not accessible by small children. Arrange furniture so it cannot be climbed upon to reach the window. Window restrictors can be fitted to prevent windows, especially upstairs, from being opened wide enough for children to fall out.</i>			
	c) Are curtain and blind cords and chains out of reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Keep blind and curtain cords and chains out of reach and avoid looped cords when purchasing new blinds. Curtain tie backs can also pose a strangulation hazard so need to be kept out of reach.</i>				Advice given? <input type="checkbox"/>
6.2 <u>Bunk Beds</u>	Is the top bunk only used by children over the age of 6?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: COTS: Ensure the cot base is lowered as the child gets older to prevent them climbing or falling out of the cot.</i>				Advice given? <input type="checkbox"/>
<i>ADVICE: TOYS: For guidance, the Lion Mark is a symbol used on toys to show that they are made to high safety standards and toy packaging will give age suitability advice.</i>				Advice given? <input type="checkbox"/>
<i>ADVICE: NIGHTWEAR: Advise that nightwear should be correctly fitted so as not to be a tripping hazard, and flame retardant (this can be indicated on the clothing label by the words 'LOW FLAMMABILITY to BS 5722').</i>				Advice given? <input type="checkbox"/>
6.3 <u>Electric Blankets</u>	a) Do you have an electric blanket?	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Is it over 10 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ADVICE: Advise that electric blankets should not be used on beds where children are sleeping or left unattended if used in other bedrooms in the home. Advise not to use if more than 10 years old, have frayed or loose wires, scorch marks, heavily creased or are damp. Get blankets checked by an electrician. Ensure that blankets are kept flat (use tie tapes on under blankets) and do not turn on when folded up.</i>				Advice given? <input type="checkbox"/>
6.4 <u>Hair Straighteners</u>	Concerns regarding the use of straighteners, tongs etc?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Ensure that hot appliances are not left on the floor while hot or cooling down. Keep out of reach and allow to cool on a heat proof surface.</i>				Advice given? <input type="checkbox"/>

Bathroom

<u>Item to Check</u>	<u>What to Check</u>	Yes	No	
7.1 <u>Bathing/Showering</u>	Concerns regarding bathing/showering?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>BATHING ADVICE: Ensure that child is NEVER left unattended. Always mix bath water well and check the temperature even if a bath thermometer is used (as they only measure the water temperature in its location, not the whole bath). It is recommended NOT to use a bath seat as these can tip over presenting a drowning risk.</i>				Advice given? <input type="checkbox"/>
<i>SHOWERING ADVICE: Advise regarding supervision, temperature, slips & falls. Non-slip mats should not be used on non-slip surfaces.</i>				Advice given? <input type="checkbox"/>
7.2 <u>Electrical Appliances</u>	Are portable electrical appliances kept out the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	
7.3 <u>Bathroom Door</u>	Can the bathroom door be unlocked from the outside (in case a child locks themselves in)?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: Consider removing door lock or locating it higher up out of reach of children so they cannot lock themselves in. Check doors to all ensembles and toilets.</i>				Advice given? <input type="checkbox"/>
7.4 <u>Sharp objects & Poisons</u>	Are the following kept out of sight and reach of children?			
	a) Razors and Scissors	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Medicines, cleaning chemicals and cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ADVICE: If No, advise that safest place to be stored is in a high locked cupboard.</i>				Advice given? <input type="checkbox"/>

Additional advice/recommendations /referrals for Bedroom & Bathroom

IMPORTANT - Remember to check lighting, flooring, position of furniture, electrical hazards, window and glass safety in all rooms and record in general section

House score

Home Safety Checklist Under 5's

	<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
8.1	<u>Paths/Driveway</u>	Are they safe and free from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	<u>Gardening/DIY</u>	Are tools and garden chemicals stored in a locked shed/garage immediately after use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVICE: <u>ELECTRICAL</u>: Ensure an RCD (device cuts power if a fault develops) is always used with electrical equipment used outside (e.g. mowers, hedge trimmers, power washers etc).					Advice given? <input type="checkbox"/>
8.3	<u>Fences</u>	a) Is the garden or part of the garden secure to allow children to play safely away from dangers (e.g. not able to run onto the road, separate from animals or ponds etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Are fences visually safe - not easily climbed by a small child and are intact (e.g. no broken panels or loose wire)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	<u>Play Equipment</u>	a) Is it in good repair with no sharp edges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Is it located on a soft surface and with clear space around it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVICE: Ensure that play equipment, including trampolines, are located safely on a soft surface such as grass.					Advice given? <input type="checkbox"/>
ADVICE: If using a bouncy castle/large inflatable ensure that instructions are followed and that the item is securely located on a soft surface. Avoid having lots of people on the inflatable at the same time - one at a time is safer and ensure that children are supervised at all times.					Advice given? <input type="checkbox"/>
ADVICE: If a trampoline is present, advise that children are always supervised and it is not safe for more than one person to use it at a time. There should be a safety net and padding covering the frame and springs. Trampolines should be located safely on a soft surface and must have clear space around it. Ladders and steps should not be left near to a trampoline to prevent unsupervised use.					Advice given? <input type="checkbox"/>
8.5	<u>Drowning Hazards</u>	a) Are ponds covered over, fenced off or filled in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Are items such as buckets, pots, paddling pools and sand trays that water can collect in removed from the garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	<u>Poisonous Plants</u>	Are there any plants in or around the home with berries or leaves that could be poisonous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVICE: Advise that when purchasing new plants to check with the seller that the plant is safe. Advise to teach children not to touch plants and berries. Supervise children at all times.					Advice given? <input type="checkbox"/>
8.7	<u>Pets</u>	Concerns regarding pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVICE: Advise of the health risk presented by children coming into contact with animal faeces. Never leave children unattended with pets and do not allow children to play in areas that are used by animals to foul in.					Advice given? <input type="checkbox"/>
ADVICE: <u>BBQS</u>: Remind that the same safety principles apply to BBQ's as in the Kitchen. Never leave the BBQ unattended and keep children well away. Do not allow children to play in the same area as the BBQ. Advise to check that food is properly cooked before being eaten (e.g. no pink meat in the middle and juices run clear from the cooked food). Never BBQ in the garage or an area without adequate ventilation.					Advice given? <input type="checkbox"/>

Additional advice/recommendations for the Garden/Outdoors

IMPORTANT - Remember to check lighting, flooring, position of furniture, electrical hazards, window and glass safety in all rooms and record in general section

House score



Home Safety Checklist Under 5's

General Safety Items

<u>Item to Check</u>	<u>What to Check</u>	Yes	No	N/A
<u>Lighting throughout the home</u>	a) Adequate brightness in all rooms (particularly Hall/Stairs/Landing areas) with no visual defects?	<input type="checkbox"/>	<input type="checkbox"/>	
If No, what areas are of concern? Recommendations?				
<u>Flooring throughout the home</u>	Non-slip, in good repair and secure?	<input type="checkbox"/>	<input type="checkbox"/>	
If No, what areas are of concern, other than those already identified? Recommendations?				
<u>Furniture</u>	a) Positioned Safely, with clear access around all rooms?	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Are sharp corners cushioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No, what areas are of concern? Recommendations?				
<u>Electrical (flexes/adapters)</u>	Visually safe, no trailing cables or overloaded sockets?	<input type="checkbox"/>	<input type="checkbox"/>	
If No, what areas are of concern? Recommendations?				
<u>Window & Glass Safety</u> (other than those already identified)	a) Are window openings limited to a maximum of 10cm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is furniture kept far enough away from windows so that children cannot climb up to reach them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Blind and curtain cords and chains kept out of children's reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Is safety glass used in internal/external doors and windows, display cabinet doors, glass coffee tables, TV units etc? Look for etching or printing on glass with British Standard logo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No, what areas are of concern? Recommendations? (e.g. safety film)				
<u>General Housekeeping</u>	Is the home free of tripping hazards and generally free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	
If No, what areas are of concern? Recommendations?				

End of Checklist

House score

Total House score



Home Safety Summary Report

Date of Visit



Main Recommendations

Equipment Left

Stair Gate	<input type="text"/>	Fire Guard	<input type="text"/>	Medicine Cabinet	<input type="text"/>	Low Energy Light Bulb	<input type="text"/>	Door Jammer	<input type="text"/>
Spark Guard	<input type="text"/>	Window Restrictor	<input type="text"/>	Multi Purpose Catch	<input type="text"/>	Sliding Cupboard Catch	<input type="text"/>	Cupboard Catches	<input type="text"/>
Edge Protector	<input type="text"/>	Corner Cushions	<input type="text"/>	Blind Cord Safety Device	<input type="text"/>	Glass Safety Film	<input type="text"/>	Cupboard Lock	<input type="text"/>
Bath Mat	<input type="text"/>	CO Detector	<input type="text"/>	Double Door Handle Lock	<input type="text"/>	Anti Tip Straps	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>								

Leaflets Provided

Falls	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Burns & Scalds	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>
Blind Cords & Chains	<input type="checkbox"/>	Carbon Monoxide	<input type="checkbox"/>	General Safety	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="text"/>						

Referral To

NIFRS	<input type="checkbox"/>	NIHE	<input type="checkbox"/>	Local Council	<input type="checkbox"/>	Health Prof.	<input type="checkbox"/>	PSNI	<input type="checkbox"/>
OT/GP**	<input type="checkbox"/>	Warmer Homes	<input type="checkbox"/>	DOE	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Other	<input type="text"/>								

**For OT/GP referrals please provide the following:

Date of Birth

Doctor Name	<input type="text"/>
Health Centre /Surgery	<input type="text"/>
Contact Number	<input type="text"/>

I understand that the equipment supplied and fitted (where applicable) becomes my property and that it is my responsibility to maintain it.

I give permission for my personal details to be forwarded to the above indicated agencies for the purposes of providing me with further advice on home safety related matters and to be contacted by an agent of the council for the purposes of monitoring.

Signed:

Date

Signed:(Home Safety Advisor)

Date

CLOSE FORM

Date Referral Sent

