

HOME SAFETY SURVEY

Personal Details		Type of Accom.	Benefits
Name:	Partners Name:	<input type="checkbox"/> Owner/occupier	<input type="checkbox"/> Income Support
Address:		<input type="checkbox"/> Private tenant	<input type="checkbox"/> Housing Benefit
		<input type="checkbox"/> LA tenant	<input type="checkbox"/> Council Benefit
Post Code:		<input type="checkbox"/> RSL tenant	<input type="checkbox"/> Ind. Injuries/Disablement Benefit
		<input type="checkbox"/> Other	<input type="checkbox"/> Pension Credit Guarantee
Tel. No:	Ethnic Origin:		<input type="checkbox"/> Child Tax Credit
Date of Birth:			<input type="checkbox"/> Working Tax Credit
Gender:		<input type="checkbox"/> No of Adults in household	<input type="checkbox"/> Attendance Allowance
<input type="checkbox"/> No of times in Hospital Date of last time: <input style="width: 50px; height: 20px;" type="text" value=" / /"/>			<input type="checkbox"/> Disability Living Allowance
			<input type="checkbox"/> War Disablement Allowance

Referred by:	Date:
Home Safety Check:	Date:
Handyman/Contractor:	Date:

1. Any problems with the key components of the house? Y N

2. Do you feel you can access your property inside/outside without the need for small/big adaptations? Y N

3. Does the electrical system appear in good condition? Y N

4. Is heating system adequate by room/house? Y N

5. Do you feel that at least 10% of your income is spent on fuel/water bills? Y N

HALL / STAIRWAY / LANDING										
Handrail/Stairs		Lighting/Electrics			Security Front Door		Ground Floor Windows		Smoke Detectors	
1	Y <input type="checkbox"/> N <input type="checkbox"/>	Adequate Lighting	Y <input type="checkbox"/> N <input type="checkbox"/>	Chain Fitted	Y <input type="checkbox"/> N <input type="checkbox"/>	Locks	Y <input type="checkbox"/> N <input type="checkbox"/>	Working	Y <input type="checkbox"/> N <input type="checkbox"/>	
2	Y <input type="checkbox"/> N <input type="checkbox"/>	2 Way Stairs	Y <input type="checkbox"/> N <input type="checkbox"/>	5 Lever Lock	Y <input type="checkbox"/> N <input type="checkbox"/>	Hazards		Type	M <input type="checkbox"/> S <input type="checkbox"/> B <input type="checkbox"/>	
		Room Switch Correct Position	Y <input type="checkbox"/> N <input type="checkbox"/>	Bolts	Y <input type="checkbox"/> N <input type="checkbox"/>	Carpet Trips	Y <input type="checkbox"/> N <input type="checkbox"/>	Date Last Tested;		
		Consumer Unit 20yrs+	Y <input type="checkbox"/> N <input type="checkbox"/>	Spy Hole	Y <input type="checkbox"/> N <input type="checkbox"/>	Loose Mats	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /		
		Cable Trips	Y <input type="checkbox"/> N <input type="checkbox"/>			Obstructions	Y <input type="checkbox"/> N <input type="checkbox"/>			
		Kitemarks ie.appliances	Y <input type="checkbox"/> N <input type="checkbox"/>							
Consider safety glass/gas appliances/obstructions. ACTION										
BEDROOMS 1, 2, 3.					LOUNGE / DINING ROOM					
Lighting/Electrics		B1	B2	B3				Lounge	D.Room	
Adequate Lighting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Adequate Lighting		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Room Switch Correct Position	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Room Switch Correct Position		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Kitemarks ie. Blankets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Fire Resistant Furniture		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Cable Trips	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Cable Trips		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
					Patio Doors Have Security Bolts		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
					Has Gas Fire Been Serviced?		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
						If Yes Date of Service;	/ /			
							/ /			
Consider safety glass/gas appliances/window security. ACTION										

KITCHEN		
<p>Is there hot and cold water to a serviceable sink? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are taps easily operated? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Have gas appliances been serviced? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Certificate Date; / /</p> <p>Has gas water heater been serviced? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Certificate Date; / /</p>	<p>Is there adequate food storage? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is there a Fire Blanket? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is there a Fire Extinguisher? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Do you use a chip pan? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is the cooker away from doors and windows? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is there a heat resistant surface next to cooker? Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Can heavy items be moved without reaching or using steps? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are there at least two double power sockets above worktops? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is the floor covering fixed and serviceable? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Does the back door have a 5 lever lock? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>Does the back door have security bolts? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>
Consider ventilation/glazing/door handles. ACTION		
BATHROOM	OTHER ROOM	
<p>Has the gas water heater (if applicable) been serviced? Y <input type="checkbox"/> N <input type="checkbox"/> Date of service; / /</p> <p>Are there non slip rubber bath mats in bath/shower? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Does bath/shower have non slip surface? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are there any electrical sockets, other than shaver point? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are there hand rails for the bath? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is any shower thermostatically controlled? Y <input type="checkbox"/> N <input type="checkbox"/></p>	Empty space for Other Room questions	
Consider ventilation/glazing. ACTION		

