Home visit hazard report form

FORM TEMPLATE

Name _____ Role _____ Date _____

* Required

Client *

Their name or ID.

Visit date *

Hazards found *

- [ ] Trip hazards or clutter
- [ ] Stairs or steps
- [ ] Pets
- [ ] Smoking
- [ ] Electrical
- [ ] Poor lighting
- [ ] Aggression or threats
- [ ] Hygiene or infection risk
- [ ] Other

Details *

Where in the home, and what you saw.

Photos

Only if the client agrees.

Attach: Photos (PDF, JPEG or PNG)

Risk now *

- ○ Low
- ○ Medium
- ○ High

Action taken *

Can visits safely continue? *

- [ ] Yes
- [ ] No

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____