

**JOBSITE REVIEW CHECKLIST**

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| --- | --- | --- | --- | --- |
| **Client Name:** |  | | | |
| **Address:** |  | | | |
| **Completed by:** |  | | | |
| **Date:** |  | | | |
|  | **Yes – indicates satisfactory condition** | **No –**  **presents an increased risk to staff** | **Comments** | **Action Recommended** |
| **Premises** |  |  |  |  |
| **Vagrancy apparent** |  |  |  |  |
| **Safe parking** |  |  |  |  |
| **Sidewalks free from trip hazards** |  |  |  |  |
| **Snow removal adequate as applicable** |  |  |  |  |
| **Adequate nighttime lighting** |  |  |  |  |
| **Stairs & Handrails** |  |  |  |  |
| **Walking paths inside the home are free from trip hazards** |  |  |  |  |
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| **Personal Safety** |  |  |  |  |
| **Client has been evaluated for combative and aggressive behavior** |  |  |  |  |
| * **staff is trained in identifying indicators of violent behavior** |  |  |  |  |
| **Potentially aggressive pets are secured remote from the treatment area before arrival** |  |  |  |  |
| **Employee does not feel threatened by other residents, guests or family members** |  |  |  |  |
| **Employee has a cell phone or two way radio** |  |  |  |  |
| **Are there indicators of activity representing**   * **illicit drugs** * **unsecured firearms or weaponry** * **physical violence** |  |  |  |  |
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| **Professional Exposures** |  |  |  |  |
| **Are patient assist devices available as necessary based on client need** |  |  |  |  |
| **Are gloves, masks, sharps dispensers and other appliances available to the employee to manage infectious disease exposures** |  |  |  |  |
|  |  |  |  |  |
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| **Sanitation** |  |  |  |  |
| **Does the client site have:**   * **adequate toileting** * **running water** |  |  |  |  |
| **Are there indications of insect infestation** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Additional Concerns** |  |  |  |  |
| **Are there any other concerns that could potentially impact your safety or your ability to perform you position responsibilities** |  |  |  |  |

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