

**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** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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**
 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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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