



## HOME-BASED RISK ASSESSMENT CHECKLIST

|   |              |
|---|--------------|
| <b>u3a Name:</b>  | <b>Date:</b> |
| <b>Name of person completing risk assessment checklist:</b> |              |
| <b>Interest Group:</b>                                      |              |
| <b>Description of Activity:</b>                             |              |

This checklist is to help in the planning for an activity in a member's home. This isn't an exhaustive list, so think carefully about any specific risks you may encounter. It is likely that you will need to add to this risk assessment checklist. This form can (and should) be altered to suit specific activity requirements.

Where you identify a particular risk you should note the actions you will take to reduce the risk. It's important to carry out a risk assessment before the activity takes place, and you can always add to this during the activity.

|         | Risk Assessment Checklist   | Yes | No | N/A | If no, what actions will you take to mitigate this risk? |
|---------|---|-----|----|-----|--|
| General | Is there enough space for all members in attendance?                                  |     |    |     |  |
|         | Are there any trip hazards or anything that might make members slip or fall?          |     |    |     |  |
|         | Are all walkways that members have access to kept free from obstruction?              |     |    |     |  |
|         | Are there enough seats for all members in attendance?                                 |     |    |     |  |
|         | Can everyone access the room? (n.b. there is no requirement to make home adaptations) |     |    |     |  |
|         | Have you taken a register of members in attendance?                                   |     |    |     |  |





|             |  |  |  |  |  |
|-------------|--|--|--|--|--|
| Electrical  | Have you made sure there are no trailing leads or cables to prevent a member tripping?                       |  |  |  |  |
|             | Have all cables in use for this activity been visually inspected to ensure they are intact and safe for use? |  |  |  |  |
|             |  |  |  |  |  |
| Fire Safety | Are all exits unobstructed?  |  |  |  |  |
|             | Is there a working smoke alarm?*   |  |  |  |  |
|             |  |  |  |  |  |
| Wellbeing   | Are light refreshments available to members? (e.g., water)   |  |  |  |  |
|             | Have members been made aware of any pets?  |  |  |  |  |

\*If you do not have a working smoke alarm, you can contact your local fire service for a 'Safe and Well Visit', during which they can fit a free smoke alarm in your home.

| Other identified risks: | What will you do to mitigate these risks? |
|-------------------------|---|
|                         |   |
|                         |   |
|                         |   |
|                         |   |

| u3a Home Based Risk Assessment Checklist |                        | The Third Age Trust |             |
|--|------------------------|---------------------|-------------|
| Version                                  | Description of changes | Date of change      | Review date |
| 1.0                                      | Original Checklist     | 12.09.2022          | 12.09.2023  |

