KindCare
Personal Care Risk Assessment Form

Client Name:			
Support Worker Name:			
Care Address:			
Date:		**Time:**	

Physical/Environmental Hazards				
Risks	**Likelihood**	**Consequence**	**Risk Level**	**Response**

Client Harm and Safety				
Risks	**Likelihood**	**Consequence**	**Risk Level**	**Response**

Client Health and Wellbeing				
Risks	**Likelihood**	**Consequence**	**Risk Level**	**Response**

Support Worker Health and Safety				
Risks	**Likelihood**	**Consequence**	**Risk Level**	**Response**

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