

## Educator Daily Safety Audit

Educator Name

Week

to

If the answer is yes, please tick the appropriate square.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<b>Internal</b>							
Home welcoming and clean?							
Entry and exits clear?							
Child's play area clean and hazard free?							
Inaccessible areas made secure (i.e. doors locked)?							
Safety plugs in all power points?							
Are all electrical cords and appliances out of reach?							
All cleaning materials, detergents and poisons/chemicals are inaccessible?							
First aid kit available but out of children's reach?							
Is the kitchen area safe?							
Is there a heater guard in place?							
Are the bathroom/toilet areas clean and safe?							
Bathroom/kitchen hot water controlled or tap guards on?							
Are stair barriers in place?							
Are toys in good condition and accessible?							
Soap dispenser and towels stocked?							
Is everything I need close to the nappy change area?							
Supervision sightlines clear and unobscured?							
Are there any potential hazards in the sleep/rest areas?							
Are portable cots/sleeping equipment in good condition?							
<b>External</b>							
Backyard is secure? ( <i>Gates locked, shed locked</i> )							
Outside area clear of hazards/black ice/trip hazards/uneven surfaces/spiders/snakes/hives?							
Are there any climbing hazards near fences or gates?							
Play equipment in good condition and surrounded by appropriate material?							
Are pets inaccessible?							
Are pet droppings cleaned away?							
Are pet bowls/bedding/toys/food inaccessible?							
Are there any water hazards?							
Is the gas cylinder inaccessible?							
Are garden tools/machinery inaccessible?							
Are pool gates closed/secure?							
Are there any climbing hazards near the pool fence?							

Are there any other identified hazards?

Did you make any changes to your environment?

General Comments:

These forms should be kept by the Educator and filed each week