

Keyholding Authorisation Record

Service User: _____ Week Commencing: _____

CHECK	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
All unused lights switched off (according to service user's wishes):							
All unused gas and electrical appliances switched off:							
Kitchen safety - no cloths hanging over gas hobs:							
Food used in meal preparation properly stored away:							
Meals for the service user to eat later covered and accessible:							
No wet floors, or other slip or trip hazards:							
Medicines for later self-administration checked and accessible:							
Exterior windows and doors secured, (according to service user's wishes):							
Intruder alarm set (as appropriate):							
Front door properly closed and locked:							
Key Safe combination spun to a random number:							
Service user reminded of next visit:							
Care Worker logs in to confirm completion of visit:							
<i>Signature / Initials of Care Worker leaving the premises:</i>							
COMMENTS:							