**Inspecting Officer: Designation:**

**Address:**

**Inspection Date:**

**VISA Identification ref:**

**Civica Ref:**

|  |  |
| --- | --- |
| **SPACE STANDARD REPORT HA 1985 325** |  |
| **ADDRESS** |  |
| HABITABLE DIMENSIONS FLOOR AREA ROOM  | No. PERSONS Permitted within that room |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|   SPACE STANDARD CRITERIA |   |
| >10.22 sq m8.36 – 10.22 sq m6.50 – 8.36 sq m 4.65 – 6.50 sq m <4.65 sq m | 21.510.50 |  |

**ACCOMMODATION**  Attic Bedrooms\_\_\_\_\_Bedrooms\_\_\_\_\_Bath & WC\_\_\_\_Sep WC\_\_\_\_Living Rooms\_\_\_\_Dining/kitchen\_\_\_\_Kitchen\_\_\_\_Scullery\_\_\_\_Cellars\_\_\_\_Out buildings/conservatory\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAZARDS** | **Physiological** |  | **Psychological** |  | **Safety** |  |
| Damp & Mould etc |  | Crowding & Space |  | Falls in baths |  |
| Excess Cold |  | Entry by intruders |  | Falls on the level |  |
| Excess Heat |  | Lighting |  | Falls on the stairs etc |  |
| Asbestos |  | noise |  | Falls between levels |  |
| Biocides |  |  |  | Electrical Hazards |  |
| Carbon Monoxide etc |  | Infection |  | Fire |  |
| Lead |  | Domestic Hygiene |  | Hot surfaces etc |  |
| Radiation |  | Food Safety |  | Collisions/Entrapment |  |
| Uncombusted fuel |  | Personal Hygiene |  | Explosions |  |
| VOC’s |  | Water Supply  |  | Ergonomics |  |
|  |  |  |  | Structural Collapse |  |

**Automatic Fire Detection**

Please tick box as appropriate.

Ground Floor Single point/battery operated Mains wired  Tested Operative

First floor Single point/battery operated Mains wired Tested Operative

Second floor**\*** Single point/battery operated Mains wired Tested Operative

**\*Must be mains wired.**

Please include addition information on rooms - please note number of storeys of residential occupation.

Note the room type for loft and basement…………………………………………………………………………………………………………

Loft conversions must be provided with mains wired, interlinked fire detection.

**Open Flue Appliances**

Does the property contain open flue appliances, including log burners, open solid flue fires, gas fires which are ventilated via a vertical chimney (usually in the location of a former open fire).

Does the room contain a Carbon Monoxide Alarm? Tested

N.B. A room with an open flue appliance should not be used as a bedroom unless the appliance is disconnected, and space heating is provided by an alternative and appropriate appliance.

Notes: ……………………………………………………………………………………………………………………………………………………………….

**Low windows openings – falls between levels**

The takes account of any low windows that have an opening below 800mm above floor level - ignore ground floor windows. **Yes** **No**

Does the window require a restrictor stay or structural barrier?

…………………………………………………………………………………………………………………………………………………………………………….

**Space heating.**

**Please tick as appropriate.**

Storage heaters

Radiators

Underfloor heating

Other **No**tes:……………………………………………………………………..

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Bedroom 5

**Electrical safety**

Within the room/s used only.

Are the electrical fittings/sockets broken or visibility defective? **Yes** **No**

Details:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Does the property have RCD/MCB on the consumer unit? **Yes** **No**

**Amenity.**

Does the property have a provision of hot water? **Yes** **No**

Is the kitchen in a reasonable state of repair? **Yes** **No**

Is there a provision for washing clothing? **Yes** **No**

Is there a satisfactory provision of bathing in WC? **Yes** **No**

* Condition of home – clutter, hoarding, fire hazards, state of repair
* Evidence of drug/substance/alcohol misuse
* Condition of home – cleanliness/access to bathroom and kitchen facilities
* Accessibility – meets needs of children/adults
* Bedrooms – consideration to safe sleep for babies and toddlers
* Consideration of overcrowding – are plans viable? (Whilst taking a pragmatic view that these are exceptional circumstances and safe sleep for all involved is priority e.g.– airbeds, mattresses on floor would be acceptable if age appropriate)
* Any potential hazards in shared areas (e.g. garden safety ((ponds etc)) window locks on upstairs rooms)
* Presentation of Sponsor family members (any concerns/evidence of self-neglect, ((hygiene etc)), coherence, engagement during visit, general observations)
* Pets – appropriate for a household (to consider any risks to a family that may **No**t be familiar with living in a household with pets – safety of breed of dogs)
* Presence of other adults within home
* Smoke/Carbon Mo**No**xide checks

Is there a provision of a bed, and bedding for each guest? **Yes** **No**

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* Evidence of drug/substance/alcohol misuse
* Condition of home – cleanliness/access to bathroom and kitchen facilities
* Accessibility – meets needs of children/adults
* Bedrooms – consideration to safe sleep for babies and toddlers
* Consideration of overcrowding – are plans viable? (Whilst taking a pragmatic view that these are exceptional circumstances and safe sleep for all involved is priority e.g.– airbeds, mattresses on floor would be acceptable if age appropriate)
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**No**tes: Record comments should a bed be absent/use of airbed etc………………………………………………………..

**Accessibility/sleeping**

Are all essential parts of the property accessible? **Yes**  **No**

Is there a suitable sleeping provison for babies and toddlers **Yes** **No**

**No**tes: babies and toddlers should have an appropriate cot bed, cot mattress and bedding………………………………………………………………………………………………………………………………………..

**Health and Safety (general)**

Are there any ponds, pools which require special attention? **Yes** **No**

If **Yes**, please offer advice to the householder, particularly for families with young children

Is the property free from hoarding? **Yes**  **No**

If the property has moderate hoarding, record via photograph and refer to senior officer/safeguarding led.

Comments……………………………………………………………………………………………………………………………………………………..

**Sponsor and other adults**

Have you seen photographic identification for all adults residing in the premises – for example, driving licence, passport or similar?

**Yes** **No**

Does the sponsor present well – do they appear clean, well presented? **Yes**  **No**

If **No**, please comment………………………………………………………………………………………………………………………………….

Are there any concerns re hygiene or potential contraventions of the PHA 1936? **Yes** **No**

Is there any evidence of drug, alcohol/ substance abuse (does the property smell of cannabis)

**Yes**  **No**

Officers comments:

Does the property contain Category 1 Hazards – Housing Health and Safety Rating System Regulations 2005.

**Yes** Can the hazard be corrected/mitigated………………………………………………………………………………………..

**No**

Comments:……………………………………………………………………………………………………………………………………………………….

**Animals and pets**

Are there any significant pets in the property (dogs, snakes, licensable breeds)?

**Yes**

**No**

Do they appear of good temperament – ask the sponsor about the animal, any breed details and generally try and get the ‘feel’ for animal safety. It is appreciated that this is subjective - try to consider any risks to a family that may not be familiar with living in a household with pets – safety of breed and the context of vulnerable age groups.

Are you satisfied that the property can be used for the scheme?

**Yes**

**No**

Officers signature:

PRINT NAME:

DATE: