

## INFORMATION SHARING CHECKLIST FOR SERVICE PROVIDERS

INFORMATION SHAR	NG CHECKLIST	DATE	
CLIENT NAME		AGE	
ORGANISATION NAME (TO)		CHECKLIST COMPLETED BY	
ORGANISATION NAME (FROM)		SIGNATURE	
CONTACT #:			

This checklist will assist in identifying hazards that may affect worker safety as well as the individual being supported.

If the "Action Needed" column is ticked, complete a Risk Assessment/Action Plan. Record all Actions Needed in the table at the end of the Checklist.

Please note: This checklist has been designed as an editable tool. Please change the details as required to suit the needs of your business, workers and clients.

QUESTIONS TO BE COMPLETED	Y/N	TICK IF ACTION NEEDED	COMMENTS						

QUESTIONS TO BE COMPLETED	Y/N	TICK IF ACTION NEEDED	COMMENTS	
ACTIONS TO BE COMPLETED		DATE COMPLETED	BY WHOM	