

Home Safety Checklist

Patient Name _____

Date _____

ID# _____

	Acceptable	Problem	N/A
<p><u>Security/Communication</u></p> <p>Phone Accessible? Emergency numbers accessible? Living in high risk area? Locks on doors / windows? Well lit entrance area?</p> <p><u>Fire Safety</u></p> <p>Functioning smoke detectors? Smoking in home? Smoking materials (cigarettes, etc.), heaters, hot plates away from bedding and furniture? Oxygen in use? Fire extinguisher available? Emergency exit floor plan in place? Fireplace has a well-fitting screen? Chimney cleaned within last year? Hallways and passageways clear? Functioning stove / oven? Use of hot plates, portable heaters? Properly functioning kitchen ventilation?</p> <p><u>Electrical Safety</u></p> <p>Cords and wires intact (no fraying or cracks)? Plug or extension cord overloaded? Proper use of 3-prong adapters? Utility wiring intact? Proper maintenance of household equipment?</p>			

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	Acceptable	Problem	N / A
<u>Utilities</u> Functioning electricity in the home? Proper home heating? Running water? Hot water? Gas leaks? Refrigerator?			
<u>Fall Prevention</u> Adequate lighting throughout home? Cords/wire out of the flow of traffic? Scatter or throw rugs? Clutter? Stairs? Secure handrails on stairs? Bath / Shower grab bars? Non-skid bathmat / abrasive strips? Water temperature 120° F or lower? Raised toilet seat / grab bars? Compliance with use of assistive devices?			
<u>Medication Safety</u> Proper storage? Adequate refrigeration? Proper, clearly marked labels? Awareness of correct schedule of use? Medication administration system in place?			