



Caring Solutions, LLC



*enriching life at home*

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## HOME SAFETY CHECKLIST

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

| GENERAL  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is there an emergency plan in place?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Are working smoke detectors installed?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a "ready-to-use" fire extinguisher(s) on the premises?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Are inside halls and stairways free of clutter/debris?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Are throw rugs removed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there sturdy handrails or banisters by all steps and stairs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electrical cords unfrayed and placed to avoid tripping?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electric outlets/switches overloaded (e.g. warm to the touch)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are rugs secured around the edges?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are hazardous products labeled and kept in a secure place?         | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a need for a stool to reach high shelves/cupboards?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Is smoking paraphernalia handled safely (e.g. cigarettes put out)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anybody smoke in homes where oxygen is in use?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all animals, on site, controlled?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the home free from bugs, mice and/or animal waste?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Are materials stored safely and at a proper height?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client wear an emergency response necklace/bracelet?      | <input type="checkbox"/> | <input type="checkbox"/> |

| ENTRANCE TO HOME  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Are there outside lights covering the sidewalks and/or other entrance ways?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the steps & sidewalks in good repair and free from debris/material?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the railings on the steps secured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a functional peephole in the front door?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the door have a deadbolt lock that does not require a key to open it from the inside (unless client has a tendency to wander)? | <input type="checkbox"/> | <input type="checkbox"/> |

| MEDICATIONS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are all medications marked clearly?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are medications named?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are medications dated?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are instructions given as to how medications are to be taken?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are instructions given as to when medications are to be taken? | <input type="checkbox"/> | <input type="checkbox"/> |

| MEDICAL EQUIPMENT/SUPPLIES                    | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Are used needles placed in a sharp container? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is oxygen tubing kept off the walking path?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is medical equipment properly stored?         | <input type="checkbox"/> | <input type="checkbox"/> |

***(Continued on page 2)***

# HOME SAFETY CHECKLIST *(Continued)*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

| LIVING AREAS   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are doorways wide enough to carry loads through and get a wheelchair/walker through?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Are light switches accessible so they can be turned on/off without walking across a dark room? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are sofas & chairs high and firm enough for easy sitting and rising?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a telephone in the room that is easily accessible from the bed?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Is list of emergency telephone numbers by the telephone?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Do telephone cords/electronic wires run across walking areas?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there castors or wheels on furniture?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does sitting furniture have armrests which are strong enough for getting in and out?           | <input type="checkbox"/> | <input type="checkbox"/> |

| BATHROOM   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are there glass doors on the bathtub/shower?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a non-skid surface/mat in the bathtub/shower?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there grab-bars on the bathtub/shower and adjacent to the toilet?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a raised toilet seat (if client has trouble getting on/off toilet)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the water temperature below scalding (e.g. below 120°)?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a shower bench/bath seat with a hand-held shower wand available?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the bathroom have a night light?  | <input type="checkbox"/> | <input type="checkbox"/> |

| BEDROOM  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are there any scatter rugs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the bed lower than "back-of-the-knee" height?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a chair with armrests & firm seat (to reduce falls while dressing)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does furniture have castors or roll?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a telephone in the room that is easily accessible from the bed?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Is list of emergency telephone numbers by the telephone?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a flashlight, light switch or lamp beside the bed?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a night light?  | <input type="checkbox"/> | <input type="checkbox"/> |

| KITCHEN  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is the floor waxed or otherwise slippery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any flammable items near the heat source?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the "ON" buttons work on all appliances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are items used the most stored between eye and knee level?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an uncluttered work space near the cooking area (to avoid having to carry items)? | <input type="checkbox"/> | <input type="checkbox"/> |

| LIGHTING  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Is there adequate lighting in all stairways and hallways?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a light switch at both the top and bottom of stairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a light switch by the doorway of each room?          | <input type="checkbox"/> | <input type="checkbox"/> |