

HOME SAFETY ASSESSMENT CHECKLIST

Date of visit: _____

Occupant Name: _____

Paramedic Name: _____

OUTSIDE OF HOUSE

- | | | | |
|---|-----|----|-----|
| 1. Sidewalk and/or pathway to house is level and free from any hazards. | Yes | No | N/A |
| 2. Driveway is free from debris/snow/ice. | Yes | No | N/A |
| 3. Outside stairs are stable and have sturdy handrail. | Yes | No | N/A |
| 4. Porch lights are working and provide adequate lighting. | Yes | No | N/A |

LIVING ROOM

- | | | | |
|---|-----|----|-----|
| 1. Furniture is of adequate height and offers arm rests that assist in getting up and down. | Yes | No | N/A |
| 2. Floor is free from any clutter that would create tripping hazards. | Yes | No | N/A |
| 3. All cords are either behind furniture or secured in a manner that does not cause trip hazards. | Yes | No | N/A |
| 4. All rugs are secured to floor with double-sided tape. | Yes | No | N/A |
| 5. Lighting is adequate to light room. | Yes | No | N/A |
| 6. All lighting has an easily accessible on/off switch. | Yes | No | N/A |
| 7. Phone is readily accessible near favorite seating areas. | Yes | No | N/A |
| 8. Emergency numbers are printed near all phones in house. | Yes | No | N/A |

KITCHEN

- | | | | |
|--|-----|----|-----|
| 1. Items used more often are within easy reach on low shelves. | Yes | No | N/A |
| 2. Step stool is present, is sturdy and has handrail. | Yes | No | N/A |
| 3. Floor mats are non-slip tread and secured to floor. | Yes | No | N/A |
| 4. Oven controls are within easy reach. | Yes | No | N/A |
| 5. Kitchen lighting is adequate and easy to reach switches. | Yes | No | N/A |
| 6. ABC fire extinguisher is located in kitchen. | Yes | No | N/A |

STAIRS

- | | | | |
|--|-----|----|-----|
| 1. Carpet is properly secured to stairs and/or all wood is properly secured. | Yes | No | N/A |
| 2. Handrail is present and sturdy. | Yes | No | N/A |
| 3. Stairs are free from any clutter. | Yes | No | N/A |
| 4. Stairway is adequately lit. | Yes | No | N/A |

BATHROOM

- | | | | |
|--|-----|----|-----|
| 1. Tub and shower have a non-slip surface. | Yes | No | N/A |
| 2. Tub and/or shower have a grab bar for stability. | Yes | No | N/A |
| 3. Grab bar is attached near toilet for assistance. | Yes | No | N/A |
| 4. Pathway from bedroom to bathroom is free from clutter and well lit for ease of movement in the middle of the night. | Yes | No | N/A |

BEDROOM

- | | | | |
|---|-----|----|-----|
| 1. Floor is free from clutter. | Yes | No | N/A |
| 2. Light is near bed and is easy to turn on. | Yes | No | N/A |
| 3. Phone is next to bed and within easy reach. | Yes | No | N/A |
| 4. Flashlight is near bed in case of emergency. | Yes | No | N/A |

GENERAL

- | | | | |
|--|-----|----|-----|
| 1. Smoke detectors in all areas of the house (each floor) and tested. | Yes | No | N/A |
| 2. CO detectors on each floor of house and tested. | Yes | No | N/A |
| 3. Flashlights are handy throughout the home. | Yes | No | N/A |
| 4. Resident has all medical information readily available and in an area emergency providers will easily find. | Yes | No | N/A |
| 5. All heaters are away from any type of flammable material. | Yes | No | N/A |

OVERALL TIPS

- | | | | |
|---|-----|----|-----|
| 1. Homeowner has good non-skid shoes to move around house. | Yes | No | N/A |
| 2. All assisted walking devices are readily accessible and in good condition. | Yes | No | N/A |
| 3. There is a phone near the floor for ease of reach in case of a fall. | Yes | No | N/A |
| 4. All O ₂ tubing is less than 50 feet and is not a trip hazard. | Yes | No | N/A |
| 5. Resident has had an annual hearing and vision check by a physician. | Yes | No | N/A |
| 6. Resident has the proper hearing and visual aids prescribed and are in good working order. | Yes | No | N/A |
| 7. All medications are properly stored and labeled to avoid confusion on dosage, time to take, and avoidance of missed doses. | Yes | No | N/A |

For all sections marked "NO", the following recommendations are noted below:

After evaluation, I recommend the resident be considered for the following referrals:

Signature of Resident: _____

Signature of Community Paramedic: _____

Form #: