











Site	_____
Date	_____
RN	_____

Home Environmental Health and Safety Assessment Tool

	Assessment	Yes	No	N/A	Standard of Practice
	Home built before 1978	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Test homes built before 1978 for lead. • Maintain home to prevent chipping or peeling paint • Remove shoes indoors • Test first three floors of all homes for radon • Do not idle car in garage
	Home tested for lead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Living space in basement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Attached garage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Home radon test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Home radon ventilation system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Living space in basement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Combustion heating source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Ensure proper venting of all combustion heating sources. • Annual assessment to ensure proper function. • Do not use grills, or generators indoors
	Gas, kerosene or propane space heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Wood stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Fireplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Gas dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Gas dryers, hot water heaters and stove need to vent outdoors
	Vented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Gas hot water heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Vented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Well water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Routine well testing and maintenance of private wells. • Review consumer confidence reports for public water supply
	Lead pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Water tested for contaminants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Known contaminants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Smoke detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> • Smoke detector on all floors and in bedrooms • Carbon monoxide detector on all levels in homes with combustion source or garage
	Carbon monoxide detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Fire extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Fire evacuation route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Emergency phone numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Disaster plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Shelter -in-place supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Assessment	Yes	No	N/A	Standard of Practice
Insects in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> Use of integrated pest management techniques for controlling pests.
Rodents in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If yes what: _____				<ul style="list-style-type: none"> Use least hazardous methods of pest control
 Pesticide spraying in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If yes what / how often: _____				
Pesticide contract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frequency: _____				
 Air freshener used in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> Minimize use of air fresheners. Use less hazardous and irritating alternatives to control odors. Use of low VOC household cleaners and green cleaning techniques.
Candles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plug-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Incense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How many times per day:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of strong smelling cleaners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Tuna fish served in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> See federal and state recommended fish consumption advisories Wash all fruits and vegetables before eating Consider organic or locally grown products
If yes, how often per week: _____				
Fresh fruit/vegetables used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Local/ organic products used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Mercury thermometer in house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> Use non-mercury containing medical devices Dispose of all mercury devices and batteries per local hazard waste collection procedures
Other mercury devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Needle boxes for needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of traditional or cultural remedies containing mercury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
 Smoking allowed in home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> Institute no smoking indoors policy
House smells like smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cigarette products present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

FALLS ASSESSMENT FORM

Patient Name: _____ DOB: _____

HOME SAFETY ASSESSMENT

Yes

No

Are scatter rugs firmly anchored with rubber backing?

Are electrical cords in good repair, especially on heating pads?
Cords should be out of walk area or taped down.

Is furniture sturdy enough to give support?

Is there a minimum of clutter allowing room for easy, safe
mobility as well as avoiding fire hazards?

Are smoke detectors present (at least one on each level of home)?
(working with new batteries/in or near the bedroom).

Are emergency telephone numbers posted in a handy place to read?
(ambulance, doctor, fire department, nearest relative, 911;
located in the kitchen and bedroom or by the phones?

If you have small pets, do they ever get in your way, causing you to
trip or fall?

Do you have an alarm system in your home?

KITCHEN EVALUATION

Is the stove free of greases and clear of flammable objects?

BATHROOM EVALUATION

Are handrails installed beside the tub and toilet?

Are skid-proof mats in the bathtub and/or shower?

Are electrical outlets and appliances a safe distance from the bathtub?

If needed, is there a raised commode seat?

OUTSIDE THE HOME

Walks and stairs:

Are there raised or uneven places on the sidewalk?

Are stairs in good repair?

Are handrails securely fastened?

Comments/questions:

