

Household Safety Checklist






Today's Date: _____

A. Information on your care recipient:

1. Age: _____
2. Gender (M/F): _____
3. Can your care recipient walk without help (e.g., a person or thing)? Yes No
4. What is your care recipient's overall health status (circle): Poor Fair Good Excellent
5. How many people live in the home: _____ Please list them: _____
6. Do you know the medicines (prescription & nonprescription) that are taken daily? Yes No N/A
7. How does your care recipient keep track of their medicines now?
 - "Pre-poured" or placed in a pillbox (see picture)
 - Medicines lined up
 - Other method
 - No method to keep track
8. Does your care recipient keep any medicine in the home that they are no long taking? Yes No
9. Does your care recipient use a hearing aid? Yes No



B. Please check if any of these hazardous conditions or safety risks ARE found in your care recipient's home:

<p>10 <input type="checkbox"/> Poor lighting</p> 	<p>13 <input type="checkbox"/> Mold or fungus</p> 
<p>11 <input type="checkbox"/> Loose or worn-out rugs or carpets</p> 	<p>14 <input type="checkbox"/> Dangerous space heater (uses flammables)</p> 
<p>12 <input type="checkbox"/> Uneven or slippery floors</p> 	<p>15 <input type="checkbox"/> Dangerous electrical cords (easily tripped over, overloaded outlets, damaged cords)</p> 

16 Excessive dust or animal hair



21 Cleaning products and other potential poisons that are not in the original containers (original labels are not in place)



17 Awkwardly placed furniture (blocking exit)



22 Non-food and food items kept in same cabinet



18 Excessive Clutter (it might block the exit out)



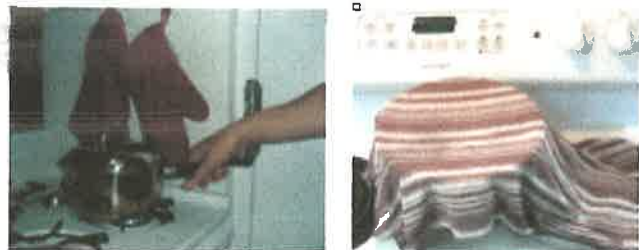
23 Stove knobs hard to reach



19 Food not generally stored in a sanitary manner



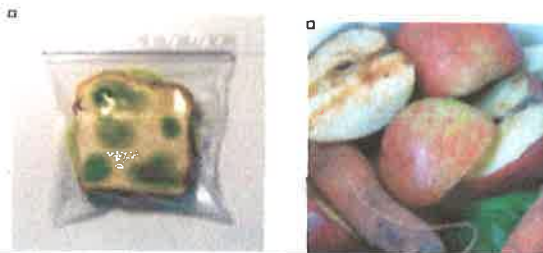
24 Flammables (towels, curtains, paper) near stove tops



20 Trash builds up in the home



25 Rotten food or milk in the home



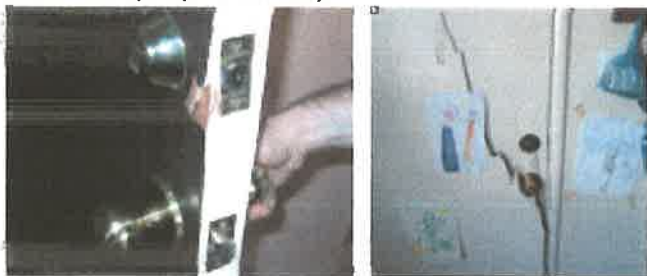
26 Threat of violence, like aggressive dogs and other pets, neighbors, or weapons



28 Excessively loud noise in the home (from inside or outside the home or apartment)



27 Doors are lacking good lock (e.g., dead bolts, chain lock, peep hole, etc.)



29 Signs of cockroaches in the home

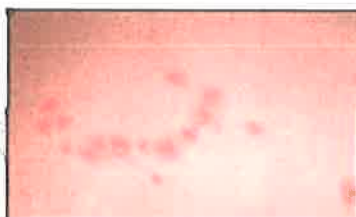


30 Signs of other bugs in the home like bed bugs, fleas, or lice

Bed Bugs:



Bed Bug Bites:



Lice:



Flea Bites:



31 Signs of rats or mice in the home



32 Unsafe use of smoking materials



C. Please check if any of these safety items ARE NOT found in your care recipient's home:

33 Carbon monoxide alarm in the home



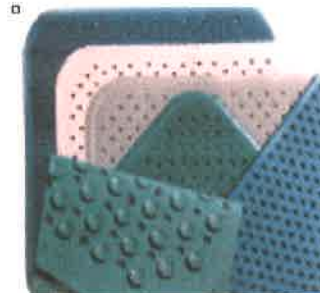
34 Smoke alarm in the home



35 Grab bars to get in/out of the shower/bathtub



38 Non-slip shower mat or pads in the shower/bathtub



36 Fire extinguisher in the home



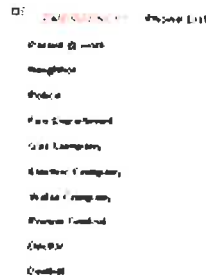
39 Non-slip rug on the bathroom floor next to the shower/bathtub



37 If yes, is the pressure gauge arrow in the green section (i.e., is it working)



40 Emergency contacts list available (e.g., family, doctor, superintendent, etc)



D. Please check if the following safety and medical devices ARE in your care recipient's home:

41 Safe lifting device

If yes, have you been trained to use it?

Yes No



42 Needles and other sharps

If yes, is there a sharps container?

Yes No



43 Oxygen tank

If yes, were you trained to use/store/handle it?

Yes No



47 Ventilator

If yes, were you trained to assist care recipient in its use?

Yes No



44 Portable toilet

If yes, were you trained to assist care recipient in its use?

Yes No



48 Nebulizer

If yes, were you trained to assist care recipient in its use?

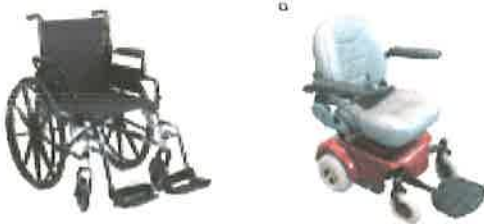
Yes No



45 Wheelchair

If yes, were you trained to assist care recipient in its use?

Yes No



49 Walker

If yes, were you trained to assist care recipient in its use?

Yes No



46 Cane

If yes, were you trained to assist care recipient in its use?

Yes No



50 Other

Please list: _____

If yes, were you trained to assist care recipient in its use?

Yes No