Home Safety Assessment Checklist

Name: _____ **Age:** _____

Gender

◯ Male ◯ Female ◯ Other

Address: _____ **Phone Number:** _____

Emergency Contact: _____

Please check the box next to each item that applies to your home environment. Be thorough in your assessment to ensure accurate evaluation. Once completed, review the checklist with your healthcare provider to discuss any identified safety concerns.

Tripping Hazards - Are there any loose rugs or cluttered pathways?

☐ Yes

Lighting - Is the lighting adequate in all areas of the house?

☐ Yes

Appliance Safety - Are kitchen appliances in good working condition?

☐ Yes

Sharp Objects - Are sharp objects (knives, scissors) stored safely?

☐ Yes

Slip Prevention - Is there a non-slip mat in the bathtub/shower?

☐ Yes

Accessibility - Are grab bars installed near the toilet and shower?

☐ Yes

Bed Accessibility - Is the bed at an appropriate height for easy access?

☐ Yes

Cord Management - Are there cords or wires near the bed that could trip?

☐ Yes

Handrails - Are handrails installed and secure on all staircases?

☐ Yes

Pathway Clearing - Is the pathway clear of obstacles and clutter?

☐ Yes

Furniture Arrangement - Are furniture arrangements conducive to mobility?

☐ Yes

Cord Safety - Are electrical cords safely secured and out of the way?

☐ Yes

Fire Safety - Are smoke detectors installed and functional?

☐ Yes

Emergency Equipment - Is there a fire extinguisher readily accessible?

☐ Yes

Medical Alert Device - Is there a medical alert device available and functional?

☐ Yes

Secure Storage - Are medications stored securely and out of reach?

☐ Yes

Expired Medication Disposal - Are expired medications disposed of properly?

- [ ] Yes

Pathway Maintenance - Are outdoor pathways clear of obstacles and hazards?

- [ ] Yes

Yard Equipment Safety - Are yard tools and equipment stored safely?

- [ ] Yes

Pet Obstacles - Are pet toys or accessories causing tripping hazards?

- [ ] Yes

Pet Accessibility - Can pets move freely without causing obstructions?

- [ ] Yes

Other Safety Concerns - Any additional safety concerns not addressed above?

- [ ] Yes

Other Safety Concerns