

# Household Safety Checklist

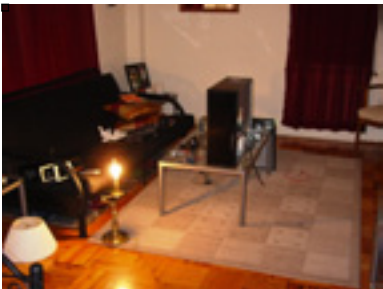

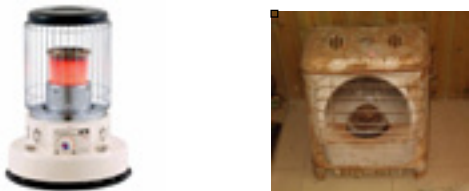
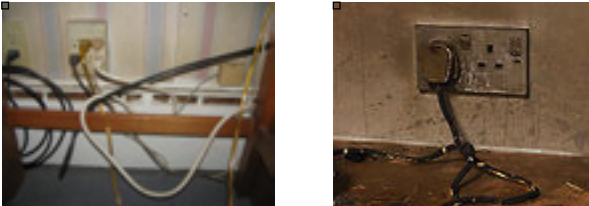
Today's Date: \_\_\_\_\_

## 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)



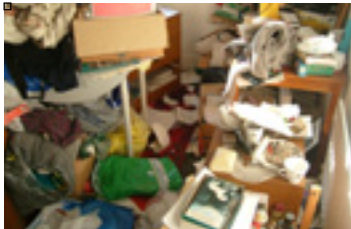
17 ☐ Awkwardly placed furniture (blocking exit)



22 ☐ Non-food and food items kept in same cabinet



18 ☐ Excessive Clutter (it might block the exit out)



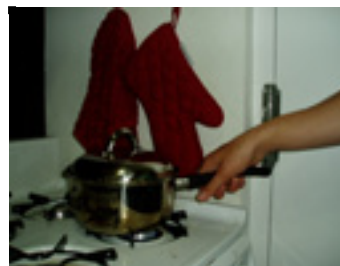
23 ☐ Stove knobs hard to reach



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



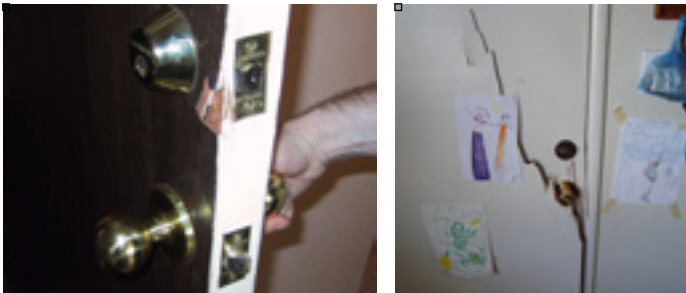
26 ☐ Threat of violence, like aggressive dogs and other pets, neighbors, or weapons



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

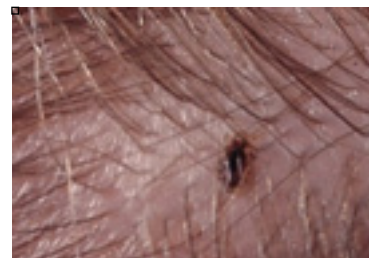
Bed Bugs:



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:**

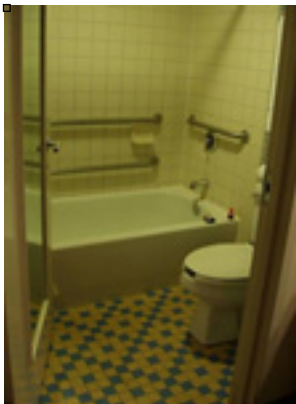
33  Carbon monoxide alarm in the home



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)

**EMERGENCY!** Phone List

Parent @ work \_\_\_\_\_

Neighbor \_\_\_\_\_

Police \_\_\_\_\_

Fire Department \_\_\_\_\_

Gas Company \_\_\_\_\_

Electric Company \_\_\_\_\_

Water Company \_\_\_\_\_

Poison Control \_\_\_\_\_

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

**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



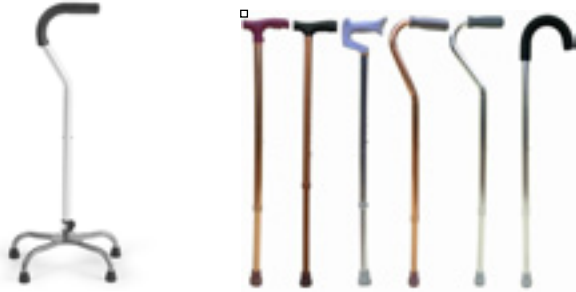
49  Walker  
If yes, were you trained to assist care recipient in its use?  
 Yes  No



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