

**Home Safety Checklist:**

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**Client:**

**Caregivers:**

**Date of Review:**

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**Living Room/Common Area/Family Room**

- No loose electrical
  - Not crowded or cluttered (Safe to walk and get around)
  - Working Smoke detector
  - Fire Extinguisher
  - Fire Place – last time cleaned, and frequency of use, matches stored in proper place.
  - Reasonably clean environment.
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**Kitchen/Dinning Room:**

- No loose electrical
  - Not crowded or cluttered (Safe to walk and get around)
  - Working Smoke detector
  - Fire Extinguisher
  - Fire Place – last time cleaned, and frequency of use, matches stored in proper place.
  - Reasonably clean environment – i.e. Kitchen counters not cluttered, vacuumed, no excessive amounts of dust, etc.
  - Oven clean/Fridge Clean
  - Cleaners chemicals stored in safe space
  - Medication stored in locked secure area
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**Clients Bedroom: (Comment on location in home)**

- No loose electrical
- Not crowded or cluttered (Safe to walk and get around)
- Working Smoke detector
- Fire Extinguisher
- Reasonably clean environment.
- Medication stored in safe area
- Window opens properly and client able to exit in event of emergency

**Bathroom(s):**

- Working Smoke Detector
- Reasonably clean Environment (check for molds and mildew)
- Cleaners and Chemicals stored in secure area
- Safety Equipment working (i.e. rails, tub rails, etc.)

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**Furnace Room:**

- Ensure furnace has a four to six foot clearance of any fire hazardous materials.
- Ensure furnace has been cleaned (not full of dust and debris)
- Filter and Furnace cleaned on regular basis

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**List all locations of smoke detectors/carbon monoxide detectors in the home:**

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**List all fire exits in the home:**

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**List any safety equipment in the home and maintenance dates. (I.e. handrails, tub rails, non- skid stair or ramp treads, handrails on stairs, etc)**

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**Location of First Aid Kit:**

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**Action plans to be followed up at next support meeting:**

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**Coordinator Signature**

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**Date**