

(*Indicates easy to correct)

(**BOLD** indicates key items)

BEDROOM

- | | <u>SAFE</u> | <u>UNSAFE</u> |
|--|------------------------------|-----------------------------|
| *1. Is there a well-lit pathway from the bedroom to the bathroom? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *2. Do you have a light or flashlight within easy reach of the bed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *3. Is there a telephone that's easy to reach from the bed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *4. If there are extension cords, are they secured to the wall, not across the floors or under carpets? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is there something sturdy to hold on to next to the bed to assist in getting in and out? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are small rugs secured with carpet tape or non-skid backing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is there a bedside table for glasses, books, etc rather than cluttering the floor beside the bed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *8. If a cane or walking device is needed, is it kept at hand but not in the way? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

LIVING ROOM / GENERAL LIVING AREAS

- | | <u>SAFE</u> | <u>UNSAFE</u> |
|--|------------------------------|-----------------------------|
| 1. Are the carpets flat and in good condition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are small rugs and runners secured with carpet tape or non-skid backing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *3. Is the furniture placed to allow wide walkways? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *4. Are walkways clear of tripping hazards such as low furniture, grandchildren's toys and electrical and telephone cords? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *5. Are walkways well lit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are chairs and sofas high enough for easy sitting and standing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are the chairs and tables stable enough to support weight if leaned on? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Is the light within easy reach when entering each room? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ENTRANCES and OUTDOOR WALKWAYS

- | | <u>SAFE</u> | <u>UNSAFE</u> |
|--|------------------------------|-----------------------------|
| 1. Are the outdoor stairs and walkways free from cracks, dips, obstacles, leaves, ice, snow and holes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. During the winter, are sand and/or salt available for slippery surfaces to ensure safety? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do the stairways have secure and graspable handrails? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is the entrance well lit at night? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ADDITIONAL HOME SAFETY QUESTIONS

- | | <u>SAFE</u> | <u>UNSAFE</u> |
|---|------------------------------|-----------------------------|
| 1. Is there a way to access 911 from the floor in each room? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the hot water temperature set to 120 degrees or lower to avoid scald burns? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is there at least one working smoke detector on each level of the home and near each bedroom? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *4. Are smoke detectors tested monthly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *5. Are the batteries replaced twice a year? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is there a carbon monoxide detector on each level of the home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is there a fire extinguisher in the home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *8. Are emergency phone numbers beside each phone? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Are fireplaces protected by screen or glass doors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

