

## Household Safety Checklist

### *Caregiver Injury Prevention*

Date: \_\_\_\_\_

Survey completed by (print name/s): \_\_\_\_\_  
\_\_\_\_\_

Client name: \_\_\_\_\_

Address of home surveyed: \_\_\_\_\_  
\_\_\_\_\_

Are any of the following hazards present in any area of the home?		Circle	
1	Poor Lighting?	Yes	No
2	Loose or worn carpet or rugs?	Yes	No
3	Uneven, sloping or slippery floors?	Yes	No
4	Furniture or other obstructions hindering client transfers?	Yes	No
5	Overloaded electrical outlets, damaged cords or other visible electrical hazards?	Yes	No
6	Unlabeled cleaning or other chemicals?	Yes	No
7	Furniture or clutter creating tripping hazards or blocking access to exits?	Yes	No
8	Does a threat of violence exist? Aggressive pets, residents, family members, neighbors? Weapons in the home?	Yes	No
9	Doors or windows that cannot be adequately secured?	Yes	No
10	Signs of any infestations? Bed bugs or bed bug bites on client?	Yes	No
11	Any smoking within the home?	Yes	No
12	Uneven stairs? Or stairs without secured handrails, used for storage or with inadequate lighting?	Yes	No
13	Is concrete raised creating tripping hazards? (more than ¼" elevation change)	Yes	No
14	Are any other hazards present? If yes, please describe below.	Yes	No

Are the following items available in the home?		Circle	
1	A functioning carbon monoxide detector?	Yes	No
2	A functioning smoke detector?	Yes	No
3	A charged fire extinguisher?	Yes	No
4	Adequate grab bars available in the bathroom for entry/exit from the tub?	Yes	No
5	A non-slip shower or tub mat in place?	Yes	No
6	A non-slip rug on the bathroom floor immediately outside of the shower/tub?	Yes	No
7	A written emergency action plan?	Yes	No

Are the following medical devices in the home? (If yes, verify adequate caregiver training is in place)		Circle	
1	Client lifting devices?	Yes	No
2	Portable toilet?	Yes	No
3	Wheelchair?	Yes	No
4	Walker?	Yes	No
5	Needles or other sharp objects?	Yes	No
6	Oxygen tank?	Yes	No