

# HOME SAFETY CHECKLIST

courtesy of



## 02

## WHY CONDUCT A HOME SAFETY AUDIT?

Family members who are suffering physical limitations, mental deficiencies, function losses, or social deficits can benefit from some level of home modification. A Home Safety Checklist is used to assess the severity of patient losses and determine the suitability of a home regarding safety and comfort.

During a Home Safety Evaluation, it is necessary to assess each section of the house and identify potential hazards or tasks that may be difficult or dangerous to perform. With each red flag that is identified, a contingency plan should be made to address said hazard or task. Such an assessment may require asking difficult questions and having open dialogue between you and those you care for.

Although this checklist is not all inclusive, it provides a good start to dialogue between you and those you care for to include plans for future modifications or discussions with a physician.

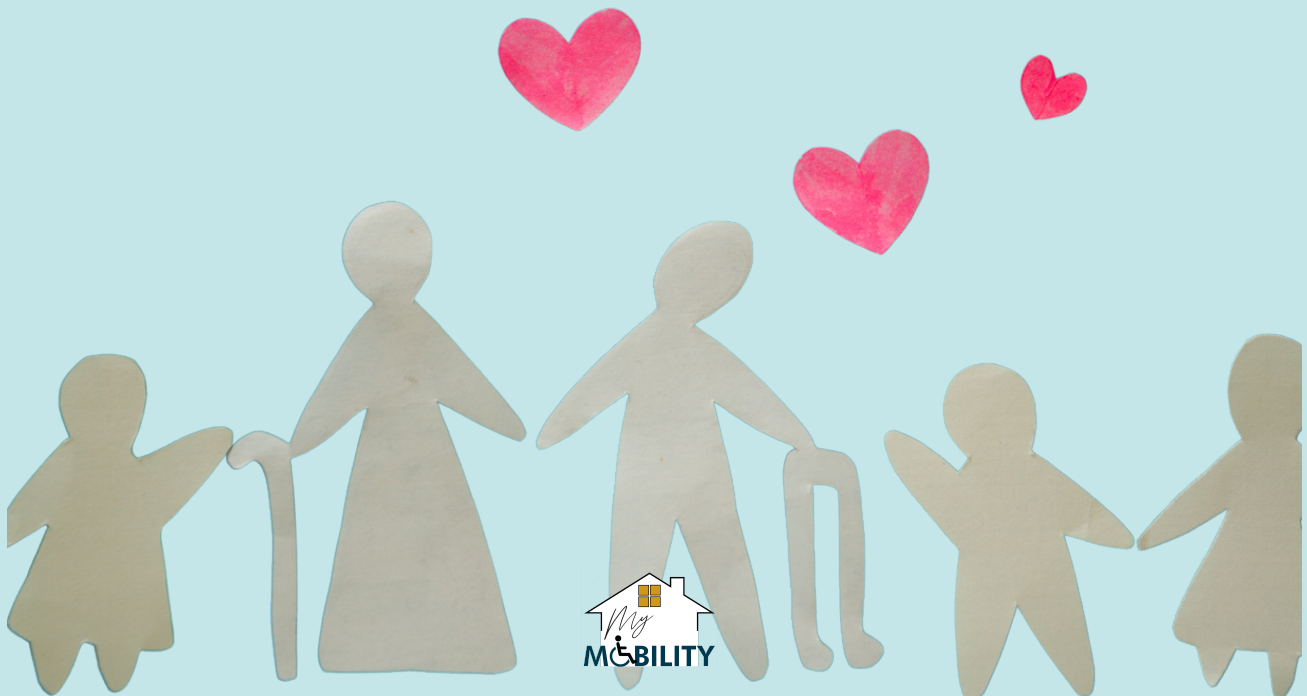


"Aging in place isn't just about comfort. In very basic terms, it's about avoiding falls. If a... person can avoid falling and breaking a hip, he can prevent a cascade of other health problems."



My Mobility offers **FREE** Home Modifications Assessments by our Certified Aging in Place (CAPS) and Certified Environmental Access Consultant (C.E.A.C.). More than just a contractor, these two special distinctions signify that **our Expert has been specially trained and tested on the ability to identify and address mobility and safety concerns within your home.**

If you have any questions about the audit or would like us to complete it instead, call us at (812) 657-7240. We're open Monday-Friday 9am-6pm and Saturday 10am-2pm.



## 03

## HOME BASICS

	YES	NO
1. Are telephones available throughout the house?	<input type="checkbox"/>	<input type="checkbox"/>
• Are emergency/contact numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
• Are speed dials set on the phones?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do thresholds in doorways have proper coverings?	<input type="checkbox"/>	<input type="checkbox"/>
• Do threshold covers need to be installed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are sharp or dangerous objects stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
• Are guns and knives stowed away appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
• Are cleaning supplies properly stored/labeled?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there sharp edges on furniture or counters?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a plan in place in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
• Do all fire and carbon monoxide alarms work properly?	<input type="checkbox"/>	<input type="checkbox"/>
• Are fire extinguishers accessible?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a fire escape plan for each room?	<input type="checkbox"/>	<input type="checkbox"/>
• Are flashlights easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a first aid kit easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers

## 04

## HOME BASICS

	YES	NO
1. Is there adequate lighting throughout the house?	<input type="checkbox"/>	<input type="checkbox"/>
• Do additional lights need to be added?	<input type="checkbox"/>	<input type="checkbox"/>
• Do nightlights need to be added to walkways?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there appropriate heating and cooling in the house?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the thermostat readable and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the water temperate appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
• Are safe guards in place to prevent scalding?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the person in need of walking assistance?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need a walking aid with a seat?	<input type="checkbox"/>	<input type="checkbox"/>
• Will they be using the aid outside the home?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there sharp edges on furniture or counters?	<input type="checkbox"/>	<input type="checkbox"/>

## Contingency Plans for All "No" Answers

## 05

## HOME ENTRY

	YES	NO
1. Can the person enter the home on their own?	<input type="checkbox"/>	<input type="checkbox"/>
• Are emergency/contact numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
• Are speed dials set on the phones?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the landing large enough to allow the door to open easily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there handrails when entering the home?	<input type="checkbox"/>	<input type="checkbox"/>
• Would handrails assist the person while entering the home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the pathway free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they at risk of tripping and falling?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the pathway free of uneven surfaces or broken concrete?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a plan to maintain pathway condition in the winter?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there rugs or mats at the entry?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they wrinkled or have curved edges?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they have slip-resistant backing?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are entryways well lit?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers



## 06

## BATHROOM

	YES	NO
1. Is the bathroom free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the flooring and tub/shower surfaces slide resistant?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the toilet seat too low?	<input type="checkbox"/>	<input type="checkbox"/>
• Are grab bars needed next to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need a lifted toilet seat?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there loose mats or rugs on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they wrinkled or have curled edges?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they have slip resistant backing?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they present a risk of slipping and falling?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a walk-in shower?	<input type="checkbox"/>	<input type="checkbox"/>
• Do grab bars need to be installed?	<input type="checkbox"/>	<input type="checkbox"/>
• Can they safely step over the shower/bathtub lip?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the bathroom well lit?	<input type="checkbox"/>	<input type="checkbox"/>

## Contingency Plans for All "No" Answers

## 07

## BATHROOM

	YES	NO
7. Is there a risk of falling while in the shower or bathtub?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need a shower chair or bench?	<input type="checkbox"/>	<input type="checkbox"/>
• Do grab bars need to be installed in the tub or shower?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need a bathmat?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are walking aids/wheelchairs going to be used in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Can the aid easily get through the doorway?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there ample space to turn around with the aid?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there anything on the floor impeding the aid?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers



## 08

## KITCHEN

	YES	NO
1. Can the person reach necessary items without climbing?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the countertops at appropriate levels?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the microwave at a lower level?	<input type="checkbox"/>	<input type="checkbox"/>
• Can items be safely stored in lower cabinets?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the kitchen floor and countertops free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there anything in danger of falling off counters?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any tripping hazards on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there unnecessary items on/in counter/cabinets?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there loose rugs or mats on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they wrinkled or have curled edges?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they have slip-resistant backing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are walking aids/wheelchairs going to be used in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
• Can the aid navigate around the countertops?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there ample space to turn around with the aid?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there anything on the floor impeding the aid?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers





09

## LIVING ROOM

	YES	NO
1. Are the couches and chairs at an appropriate height?	<input type="checkbox"/>	<input type="checkbox"/>
• Are furniture risers needed?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a lift chair available?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the person easily sit or stand from couches or chairs?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the arm rests worn or cushioned?	<input type="checkbox"/>	<input type="checkbox"/>
• Are standing aids needed on chairs?	<input type="checkbox"/>	<input type="checkbox"/>
• Will ample time be spent in the chair?	<input type="checkbox"/>	<input type="checkbox"/>
• Will they require a TV dinner tray?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will walking aids/wheelchairs be used in the living room?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the furniture arranged to allow ease of movement?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any cords/wires across the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there ample space to turn around with the aid?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there loose rugs or mats on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Are they wrinkled or have curled edges?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they have slip-resistant backing?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers



## 10

## BEDROOM

	YES	NO
1. Is the bedroom located near a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there an alternative bedroom closer to a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there obstacles to get to the nearest bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the bedroom located on a separate floor than living spaces?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there an alternative bedroom on the main floor?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you need a stair lift or stair lift alternative?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are walking aids/wheelchairs going to be used in the bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
• Can the person transfer from the bed to the aid?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there clutter that might impede the use of an aid?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there loose cords/wires on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your loved one get in and out of bed by themselves?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the bed an appropriate height?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need a bed handle to get out of bed?	<input type="checkbox"/>	<input type="checkbox"/>
• Do they need bed stairs to get into bed?	<input type="checkbox"/>	<input type="checkbox"/>

Contingency Plans for All "No" Answers



1 1

**BEDROOM**

YES

NO

5. Is the person at risk to fall out of bed at night?

☐☐

- Do they have night tremors or sleepwalk?

☐☐

- Do they have to reach out of bed to a nightstand?

☐☐

- Do they need a full guard rail to keep them in bed?

☐☐**Contingency Plans for All "No" Answers**

# We Can Help

Aging in Place is a goal for many of us, but can come with unique challenges.

We understand your goals and want to help you achieve them. Our products and services are designed to provide the safety you need with the flexibility you want.

Home Medical Equipment designed to complement your lifestyle, not define it.

**That's how we design your independence.**

## GET IN TOUCH



**1641 N. National Rd., Suite B  
Columbus, Ind. 47201**

**Ph. (812) 657 - 7240**

**Fax (812) 954 - 0123**



**Monday-Friday 9am-6pm**

**Saturday 10am-2pm**

**[www.MyMobilityDesign.com](http://www.MyMobilityDesign.com)**



**@MyMobility**



**@My\_Mobility**



**MyMobility**

**MY MOBILITY, DESIGNING YOUR INDEPENDENCE**