



Home Safety Checklist

Check ALL that apply
 Yes No N/A

Living Room - Family Room

- Can you turn on a light without having to walk into a dark room? Yes No N/A
- Are lamp, extension or phone cords out of the flow of foot traffic? Yes No N/A
- Are passageways in this room free from objects and clutter (papers, etc.)? Yes No N/A
- Are curtains and furniture at least 36" from baseboard or portable heaters? Yes No N/A
- Do your carpets lie flat? Yes No N/A
- Do your small rugs and runners stay put (don't slide or roll up) when you push them with your foot? Yes No N/A

Kitchen

- Are your stove controls easy to see and use? Yes No N/A
- Is there a fire extinguisher located under the kitchen sink? If not, where is one located? _____ Yes No N/A
- Do you keep loose fitting clothing, towels, and curtains that may catch fire away from the burners and oven? Yes No N/A
- Can you get to regularly used items without climbing to reach them? Yes No N/A
- Do you have a step stool that is sturdy and in good repair? Yes No N/A

Bedrooms

- Do you have working smoke detectors on the ceiling, outside bedroom doors? Yes No N/A
- Can you turn on a light without having to walk into a dark room? Yes No N/A
- Do you have a lamp or light switch within easy reach of your bed? Yes No N/A
- Is a phone within easy reach of your bed? Yes No N/A
- Is a light left on at night between your bed and the toilet? Yes No N/A
- Are the curtains and furniture at least 36" from your baseboard heater or portable heater? Yes No N/A

Bathroom

- Does your shower or tub have a non-skid surface, such as a mat, decals, or abrasive strips? Yes No N/A
- Does the tub/shower have a sturdy grab bar (not just a towel rack)? Yes No N/A
- Is your hot water temperature set to 120° or lower? Yes No N/A
- Does your floor or rug have a non-slip surface or non-skid backing? Yes No N/A

for more information go to: divinehomecareCA.com
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	Yes	No	N/A
Are you able to get on and off the toilet easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stairways

Is there a light switch at both the top and bottom of inside stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the light on, can you clearly see the outline of each step as you go down the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all stairways have sturdy handrails on both sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do handrails run the full length of the stairs, slightly beyond the steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all steps in good repair (not loose, broken, missing or worn in places)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are stair coverings (rugs, treads) in good repair, without holes and not loose, torn, or worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hallways, Passageways and Entrances

Do all small rugs or runners stay put (don't slide or roll up) when you push them with your foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your carpets lie flat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all lamp, extension and phone cords out of the flow of foot traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all entrances to your home have outdoor lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are walkways to your entry free from cracks and holes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Throughout Your House

Do you have an emergency exit plan in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have emergency phone numbers listed by your phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there other hazards or unsafe areas in your home that are not mentioned in this checklist that you are concerned about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, what? _____

What home safety changes do you want to make?

1. _____
2. _____
3. _____

Information Provided by: California Department of Aging, Senior Housing Information and Support Center
 Adapted from: Home Safety Checklist Summary, developed by the Community and Home Injury Prevention Project for Seniors (CHIPPS)
 Sponsored by: Community Health Education Section, San Francisco Department of Public Health

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