

APPENDIX G

HOME SAFETY CHECKLIST (ROOM-BY-ROOM)

Use this checklist to conduct a home safety assessment. Review every 3-6 months or after any fall or change in condition.

HOME SAFETY CHECKLIST

Date of assessment: _____

Completed by: _____

ENTRYWAY AND HALLWAYS:

- ☐ Rugs removed or secured with non-slip pads
- ☐ Walkways clear of clutter, cords, and obstacles
- ☐ Carpets and flooring in good repair (no curled edges or loose boards)
- ☐ Adequate lighting (overhead lights and nightlights)
- ☐ Light switches accessible at both ends of hallways
- ☐ Handrails installed and secure (if needed)
- ☐ Steps marked with bright tape (if applicable)
- ☐ Entry doors easy to open and close
- ☐ Railing or grab bar near entry
- ☐ Exterior steps well-lit and have handrails

Notes/action items: _____

LIVING ROOM AND COMMON AREAS:

- ☐ Furniture arranged for clear walking paths
- ☐ Low tables and ottomans removed or relocated

- ☐ Furniture sturdy (no wheels)
- ☐ Chairs the right height (not too low or soft)
- ☐ Adequate lighting (lamps within easy reach)
- ☐ Cords secured (not crossing walkways)
- ☐ Phone or medical alert device within easy reach
- ☐ Smoke alarms and carbon monoxide detectors working
- ☐ Fire extinguisher accessible

Notes/action items: _____

BEDROOM:

- ☐ Bed the right height (feet touch floor when sitting)
- ☐ Bed rail or grab bar if needed
- ☐ Clear path from bed to bathroom
- ☐ Nightlight installed
- ☐ Flashlight or lamp within reach of bed
- ☐ Phone or medical alert device on bedside table
- ☐ Rugs removed or secured
- ☐ No clutter or cords between bed and bathroom
- ☐ Chair available for dressing

Notes/action items: _____

BATHROOM:

- ☐ Grab bars installed in shower/tub (professionally installed)
- ☐ Grab bar installed outside tub/shower
- ☐ Grab bars installed next to toilet

- ☐ Non-slip mat inside tub/shower
- ☐ Shower chair or transfer bench (if needed)
- ☐ Handheld showerhead
- ☐ Raised toilet seat (if needed)
- ☐ Water temperature set safely (not above 120°F)
- ☐ Supplies within easy reach (no stretching)
- ☐ Floor kept dry
- ☐ Bath mat outside shower/tub
- ☐ Nightlight installed
- ☐ Door opens outward or can be removed easily
- ☐ Medications stored safely (locked if needed)

Notes/action items: _____

KITCHEN:

- ☐ Spills cleaned immediately
- ☐ Frequently used items within easy reach (no step stools needed)
- ☐ Rugs removed or secured
- ☐ Good lighting over work areas
- ☐ Fire extinguisher accessible
- ☐ Stove monitored when in use (or disabled if safety concern)
- ☐ Cleaning supplies separated from food (locked if needed)
- ☐ Expired food discarded regularly

Notes/action items: _____

STAIRS AND OUTDOOR AREAS:

- ☐ Handrails on both sides of stairs
- ☐ Stairs well-lit (switches at top and bottom)
- ☐ Step edges marked with bright tape
- ☐ Rugs or runners removed or secured
- ☐ Stairs free of clutter
- ☐ Stairs in good repair (no loose boards)
- ☐ Outdoor walkways even and well-maintained
- ☐ Walkways clear of ice, snow, leaves
- ☐ Outdoor lighting adequate
- ☐ Handrails on outdoor steps
- ☐ Non-slip treads on steps

Notes/action items: _____

MEDICAL EQUIPMENT:

- ☐ Equipment stored accessibly and safely
- ☐ Equipment clean and in good repair
- ☐ Oxygen (if applicable) stored safely (away from heat, flames, secured)
- ☐ Backup supplies available

Notes/action items: _____

EMERGENCY ACCESS:

- ☐ Medical alert system installed and tested
- ☐ Phone accessible in all major rooms
- ☐ Important numbers programmed into phone

☐ Emergency information posted on refrigerator

☐ House numbers visible from street

☐ Spare key with trusted person

Notes/action items: _____

COGNITIVE SAFETY (if applicable):

☐ Exterior doors locked or alarmed (if wandering risk)

☐ Hazardous items locked up (firearms, chemicals, power tools)

☐ Rooms and drawers labeled

☐ Environment simplified (clutter reduced)

☐ Stove disabled if unsafe

☐ ID bracelet worn

Notes/action items: _____

SUMMARY:

Highest priority action items:

Next safety review date: _____