



HOME SAFETY CHECK

Member Name	Location	Date

Fire:

An Evacuation Plan is in place in the event of a fire? Yes No N/A

Are there Special Needs to be considered during an evacuation? Yes No N/A

If yes, what are the Special Needs? *Example: Oxygen in use.*

Has the local Fire Department been notified that this is a Special Needs Residence? Yes No N/A

Phone number of local emergency agency _____

Electrical:

Ground Fault interrupters on outlets near bathroom and kitchen sinks? Yes No N/A

Are electrical cords in safe condition? Yes No N/A

Electrical switches and outlet boxes have covers? Yes No N/A

Any Concerns with the Following?

Building Services: Heat Sewer Phone Water Electricity

Safety Equipment: Smoke Detector Fire Extinguisher Flashlight Other _____

Walkways:

Clear, adequately lit, free of trip hazards? Yes No N/A

Handrails along stairways and balcony edges? Yes No N/A

Safe, unobstructed emergency escape route? Yes No N/A

Provisions made for maintaining outdoor walkways? Yes No N/A

Who would you contact if walkways need clearing?

Name: _____ Phone: _____

Personal Safety:

Does parking allow safe access to home? Yes No N/A

Parking Location: _____

Describe any apparent safety risks associated with this residence:

Describe procedures to minimize risks:

Any pet issues?



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Hazardous Materials:

Are sharps (needles, etc.) properly disposed of?

Yes No N/A

Are there any hazardous materials in the home?

Yes No N/A

If yes, please describe:

Additional Comments/Observations:

DO NOT RETURN TO CONSUMER DIRECT

This form is for use by you, the Member. It is intended to assist you in identifying safety issues in your home. All actions taken in response to any issues that may arise from completing the Home Safety Check are the sole responsibility of the Member.