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Member \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

**FIRE:**

Is an Evacuation Plan 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.*

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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

**BUILDING SERVICES AND SAFETY EQUIPMENT:**

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 will 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: \_\_\_\_\_

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Describe procedures to minimize risks: \_\_\_\_\_

\_\_\_\_\_

Any pet issues?: \_\_\_\_\_

\_\_\_\_\_

**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:**

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**DO NOT RETURN TO CONSUMER DIRECT CARE NETWORK**

***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.***