

SAFETY CHECKLIST

Use this checklist to determine whether or not a senior citizen is safe living home alone given the current state of the home. Any NO response indicates an area of concern. NO responses do not necessarily mean that the person can no longer remain home, but indicates areas in which the home may require modifications, or

assistance may need to be brought in to ensure safety.

If the senior is unable to perform the task independently mark NO; if a caregiver is available to assist with the task mark CAREGIVER. This will help determine whether the care recipient is safe without a caregiver present.

HOME INTERIOR	YES	NO	
Stairs inside home are safe			
End of stairs is clearly marked (top and bottom)			
Handrails on both sides of stairs			
Hallways and doorways wide and obstruction free			
Fire extinguisher available			
Smoke detectors present			
Adequate lighting			
Throw rugs absent			
Area rugs secure and safe			
Adequate heat			
Adequate cooling			
Space heaters safe			
Hazardous materials stored safely			

SAFETY CHECKLIST

HOME INTERIOR <i>(cont.)</i>	YES	NO
Adequate plumbing		
Absence of rodents/insects		
Adequate trash pickup		
Space free of clutter/debris		
Electrical cords safe		
Safe use of electrical circuits/extension cords		
Furniture arranged to facilitate mobility		
Furniture appears sturdy and in good repair		
Non-carpeted floors are not slippery		
Door thresholds safe		
Safe water temperature		

EXTERIOR	YES	NO
Able to get in/out of front door safely		
Able to get in/out rear door		
Able to retrieve mail/newspapers		
Ramp available, if needed		
Stairs safe and in good repair		
Railing on stairs		
Proper lighting		
Snow/ice removal, when needed		

SAFETY CHECKLIST

SAFE STORAGE OF CHEMICALS	YES	NO
Able to distinguish between products		
Chemicals stored away from food		
Outdated products safely disposed		
Flammables kept away from heat		

BATHROOM	YES	NO
Able to get into bathroom		
Able to turn on light		
Able to get on/off commode		
Able to safely transfer in/out of tub or shower		
Able to use faucets		
Soap available		
Safe use of transfer bench		
Night light, if needed		
Grab bars available and secure		
Raised toilet seat, if needed		
Non-slip mat or strips in tub or shower		
Proper disposal of soiled incontinence pads		
Adequate cleaning/sanitizing		

SAFETY CHECKLIST

KITCHEN	YES	NO	
Adequate food storage			
Able to recognize if stove/oven is on			
Able to feel heat			
Fire extinguisher available			
Smoke detectors present			
Able to prepare meal			
Able to operate microwave			
Able to get groceries			
Frequently used items within reach			

BEDROOM	YES	NO	
Able to get in and out of bed			
Room for hospital bed, if needed			
Light accessible			
Phone accessible from bed			
Emergency alert system accessible from bed			
Adequate heat			
Bedside commode			
Flashlight available			
Night light, if needed			

SAFETY CHECKLIST

PET CARE	YES	NO
Pets safe underfoot		
Able to feed pets		
Able to let pet outside		
Able to change litter box		
Able to provide pet adequate exercise		

MOBILITY	YES	NO
Absence of falls		
Balance stable		
Able to maneuver assistive device		
Activity tolerance		
Shoes are safe and comfortable		

PERSONAL SAFETY	YES	NO
Safe clothing for ambulation and circulation		
Wears shoes or non-skid socks inside		
Able to self-manage medications		
Safe storage of medications		
Able to manage thermostat		
Able to verbalize and enact emergency plan		

SAFETY CHECKLIST



COMMUNICATION	YES	NO	
Able to utilize telephone			
Emergency response system available			
Able to use system			
Can call for help in emergency			
Able to exit in emergency			
Able to clearly communicate needs			
Able to hear alarms			

OXYGEN CARE	YES	NO	
No smoking around oxygen			
Able to safely change/refill tanks, as needed			
Tubing does not obstruct safe ambulation			