# Home Safety Assessment

The following document is completed on [Date here]

[\_\_\_\_\_\_\_\_\_\_\_\_] and [\_\_\_\_\_\_\_\_\_\_\_\_] are completing this form in the state of INDIANA STATE LAW requirements for HOME SAFETY.

|  |  |
| --- | --- |
| EXTERIOR DOORS | INTERIOR HALLS, STAIRS, RAILINGS, DOORS |
| Does the door have a lock? | Are the stairs level? |
| Does the door seal? | Are the handrails adequate? |
| Is there a functional doorbell? | Note the height of the handrails. |
| Are the steps leading to the door level? | Note the condition of the stairs. |
| Is there an external light source? | Are the hallways well lit? |
| Are the handrails adequate? | Note the direction of the door opening. |
| Note the threshold height. | Note the threshold height. |
| Note the condition of the doorknob. | Do the interior doors have locks? |
| Is there a ramp? | Examine stairway lighting. |
|  | Note floor texture and condition. |
|  | Note hall width. Room for wheelchair/walker? |

|  |  |
| --- | --- |
| ELECTRICAL OUTLETS/PHONE | WINDOWS |
| Note the condition of electrical sockets. | Is there a locking mechanism on each window? |
| Are the electrical sockets working? | Note the height of the windows from the floor. |
| Is there a phone jack in each bedroom? | Note the condition of the windows seals. |
| Note the electrical outlet height. | Are there storm windows? |
| Are there hazardous outlets (i.e. near sinks) in the bathroom or kitchen? | Note the condition of the storm windows. |
| Note the location of the fuse box. |  |

|  |  |
| --- | --- |
| BEDROOM, DINING ROOM, LIVING ROOM | BATHROOM |
| Note the width of all doorways/entryways. | Note the condition of the tiling. |
| Are the doorways wide enough for a wheelchair? | Note the condition of the toilet. |
| Note the condition of the floors. | Note the condition of the bathtub. |
| Note the condition of the lighting in each room. | Are there handrails in the bathtub/shower? |
| Are the rug/carpet edges secured? Not hazardous? | Are there handrails near the toilet? |
| Is there room for hospital beds/equipment? | Install adjustable showerhead. |
| Are there proper handrails near the bed? | Is there room for a wheelchair? |
| Do the light switches in each room function? | Note the height of the sink. |
| Improve access to and from beds/chairs. | Note the height of the mirror. |

|  |  |
| --- | --- |
| HEATING, AIR CONDITIONING, WATER HEATER | SMOKE, CARBON MONOXIDE DETECTORS |
| Is the heating system functional? | Are there smoke detectors in every bedroom? |
| Note the height of the thermostat. | Are there smoke detectors in the kitchen? Living room? |
| Is the air conditioning functional? | Are there more than three carbon monoxide detectors? |
| Is the water heater functional? | Note the location of smoke detectors. |
| Note location of the water heater. | Note the location of carbon monoxide detectors. |
| Note location of the thermostat. | Are all smoke detectors functioning? |
| Install easy to read/operate thermostat. | Are all carbon monoxide detectors functioning? |

|  |  |
| --- | --- |
| KITCHEN | COMMENTS/NOTES |
| Note the height of the cabinets. |  |
| Install wheelchair/walker accessible sink. |  |
| Note the condition of the floor. |  |
| Check the inspection date on all fire extinguishers. |  |
| Note the location of fire extinguishers. |  |
| Note the condition of the refrigerator. |  |
| Is the refrigerator accessible by wheelchair? |  |
| Note the condition of the stove/range. |  |
| Note the height of the stove/range. |  |
| Install step stool with handrails. |  |

This form was completed by [\_\_\_\_\_\_\_\_\_\_\_\_\_] at the time of [TIME] AM/PM on the date [Date]

|  |
| --- |
| Signature |