



# Home Safety Checklist

*Room-by-room safety review and action plan*

## Client

Client Name

Assessor

Date

## Entrances & Exits

Item	Status	Action / Notes
Clear pathways to entrances	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Working exterior lighting	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Sturdy handrails on stairs	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Non-slip surfaces	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

## Living Areas

Item	Status	Action / Notes
Clear walkways (no cords/clutter)	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Secure rugs / no loose mats	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Adequate lighting day and night	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Functional smoke / CO detectors	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

## Kitchen

Item	Status	Action / Notes
Frequently used items within reach	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Working stove safety controls	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Fire extinguisher accessible	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
No frayed cords or hot-water risks	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

## Bathroom

Item	Status	Action / Notes
Grab bars near toilet and shower	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	



Non-slip bath mat	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Raised toilet seat (if needed)	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Water temperature ≤ 49 °C	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

### Bedroom

Item	Status	Action / Notes
Bed at appropriate height	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Night light or accessible lamp	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Phone within reach	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Clear path to bathroom	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

### Emergency Preparedness

Item	Status	Action / Notes
Emergency numbers posted	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Medication list current	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Lockbox / spare key arranged	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	
Personal alarm / Lifeline active	<input type="checkbox"/> OK <input type="checkbox"/> Needs Action	

### Summary & Recommendations

#### Top priority actions

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**Signature**

**Printed Name**

**Date**

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