

Date of visit: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Paramedic Name: \_\_\_\_\_

#### OUTSIDE OF HOUSE

1. Sidewalk and/or pathway is level and free from any hazards. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Driveway is free from debris. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Outside stairs are stable and provide adequate lighting. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Porch lights are working and provide adequate lighting. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### LIVING ROOM

1. Furniture is of adequate height and offers arm rests that assist in getting up and down. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Floor is free from any clutter that would create tripping hazards. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. All cords are either behind furniture or secured in a manner that does not cause trip hazards. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. All rugs are secured to floor with double-sided tape. Yes \_\_\_ No \_\_\_ N/A \_\_\_
5. Lighting is adequate to light room. Yes \_\_\_ No \_\_\_ N/A \_\_\_
6. All lighting has an easily accessible on/off switch. Yes \_\_\_ No \_\_\_ N/A \_\_\_
7. Land line or cell phone is readily accessible near favorite seating areas. Yes \_\_\_ No \_\_\_ N/A \_\_\_
8. Emergency numbers are printed near all land lines in house. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### KITCHEN

1. Items used most often are within easy reach on low shelves. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Step stool is present, is sturdy, and has handrail. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Floor mats have non-slip tread and secured to floor. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Cooking appliances controls are within easy reach. Yes \_\_\_ No \_\_\_ N/A \_\_\_
5. Kitchen lighting is adequate and switches are easy to reach. Yes \_\_\_ No \_\_\_ N/A \_\_\_
6. ABC fire extinguisher is located in kitchen. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### STAIRS

1. Carpet is properly secured to stairs and/or all wood is properly secured. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Handrail is present and sturdy. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Stairs are free from any clutter. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Stairway is adequately lit. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### BATHROOM

1. Tub and shower have a non-slip surface. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Tub and/or shower has a grab bar for stability. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Toilet has a raised seat. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Grab bar is attached near toilet for assistance. Yes \_\_\_ No \_\_\_ N/A \_\_\_
5. Pathways from bedrooms are free of clutter and well lit. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### BEDROOM

1. Floor is free from clutter. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Light is near bed and is easy to turn on. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Land line or cell phone is next to bed and within easy reach. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Flashlight is near bed in case of emergency. Yes \_\_\_ No \_\_\_ N/A \_\_\_

#### GENERAL

1. Smoke detectors in all area of the house (each floor) and tested. Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Carbon monoxide detectors on each floor of the house and tested. Yes \_\_\_ No \_\_\_ N/A \_\_\_
3. Flashlights are handy throughout the home. Yes \_\_\_ No \_\_\_ N/A \_\_\_
4. Resident has all medical information readily available easily found by EMS. Yes \_\_\_ No \_\_\_ N/A \_\_\_
5. All heaters are away from any type of flammable material. Yes \_\_\_ No \_\_\_ N/A \_\_\_
6. File of Life provided to resident. Yes \_\_\_ No \_\_\_ N/A \_\_\_