



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	☐ OK ☐ Needs Action	
Working exterior lighting	☐ OK ☐ Needs Action	
Sturdy handrails on stairs	☐ OK ☐ Needs Action	
Non-slip surfaces	☐ OK ☐ Needs Action	

Living Areas

Item	Status	Action / Notes
Clear walkways (no cords/clutter)	☐ OK ☐ Needs Action	
Secure rugs / no loose mats	☐ OK ☐ Needs Action	
Adequate lighting day and night	☐ OK ☐ Needs Action	
Functional smoke / CO detectors	☐ OK ☐ Needs Action	

Kitchen

Item	Status	Action / Notes
Frequently used items within reach	☐ OK ☐ Needs Action	
Working stove safety controls	☐ OK ☐ Needs Action	
Fire extinguisher accessible	☐ OK ☐ Needs Action	
No frayed cords or hot-water risks	☐ OK ☐ Needs Action	

Bathroom

Item	Status	Action / Notes
Grab bars near toilet and shower	☐ OK ☐ Needs Action	



Non-slip bath mat	☐ OK ☐ Needs Action	
Raised toilet seat (if needed)	☐ OK ☐ Needs Action	
Water temperature ≤ 49 °C	☐ OK ☐ Needs Action	

Bedroom

Item	Status	Action / Notes
Bed at appropriate height	☐ OK ☐ Needs Action	
Night light or accessible lamp	☐ OK ☐ Needs Action	
Phone within reach	☐ OK ☐ Needs Action	
Clear path to bathroom	☐ OK ☐ Needs Action	

Emergency Preparedness

Item	Status	Action / Notes
Emergency numbers posted	☐ OK ☐ Needs Action	
Medication list current	☐ OK ☐ Needs Action	
Lockbox / spare key arranged	☐ OK ☐ Needs Action	
Personal alarm / Lifeline active	☐ OK ☐ Needs Action	

Summary & Recommendations

Top priority actions

Signature

Printed Name

Date
