

## Clermont County Senior Safety Check List

|  | Yes | No |
|--|-----|----|
| <b>Living Areas</b>  |     |    |
| Are lamp, extension, and telephone cords in good condition?                |     |    |
| Do extension cords carry more than their proper load?                      |     |    |
| Are all cords stored out of the flow of traffic?                           |     |    |
| Are the floors free of throw rugs and loose carpeting?                     |     |    |
| Are emergency numbers posted on or by the telephone?                       |     |    |
| Is there a portable telephone nearby?                                      |     |    |
| Are smoke detectors properly located and checked regularly?                |     |    |
| Do all outlets and switches have cover plates?                             |     |    |
| Are light bulbs the appropriate size and type for lamp fixture?            |     |    |
| Is there a carbon monoxide detector?                                       |     |    |
| Are hall ways, passage ways and exits kept clear?                          |     |    |
| Are flammable and combustible products stored away from heat sources?      |     |    |
| <b>Kitchen Area</b>  |     |    |
| Are towels and curtains stored away from the stove?                        |     |    |
| Are short or close fitting sleeves being worn during cooking?              |     |    |
| Are electrical cords stored away from sink and stove areas?                |     |    |
| Is there good lighting over kitchen work areas?                            |     |    |
| Are frequently used items within easy reach?                               |     |    |
| <b>Bathroom</b>  |     |    |
| Are bathtubs and shower areas equipped with non-skid mats?                 |     |    |
| Is the water temperature 120° F or lower?                                  |     |    |
| Is the light switch located near the entrance to the bathroom?             |     |    |
| Are electrical appliances unplugged?                                       |     |    |
| <b>Bedrooms</b>  |     |    |
| Do closet doors open and close easily?                                     |     |    |
| Is there a flashlight near the bed?  |     |    |
| Are lamps or light switches within reach of the bed?                       |     |    |
| Is there a telephone located close to the bed?                             |     |    |
| <b>Basement/Garage/Workshop/Storage Areas.</b>                             |     |    |
| Are work areas well lit?   |     |    |
| Are light switches located at the entrances?                               |     |    |
| Are basement steps in good condition and free of clutter?                  |     |    |
| <b>Personal</b>  |     |    |
| Do you visit your doctor regularly?  |     |    |
| Do you participate in exercise regularly?                                  |     |    |
| Do you get your vision checked regularly?                                  |     |    |
| Are medications stored in original pharmacy containers and clearly marked? |     |    |
| Do you eat a balanced diet?  |     |    |
| Do you get enough rest?  |     |    |
| Do you wear fastened, well- fitting, skid-proof shoes?                     |     |    |

If the answer to any of these questions is no, you may need to make modifications to your home and/or lifestyle. I understand that the agency or group performing this inspection is not liable for undetected, uncorrected or future risks.

Signature of Resident \_\_\_\_\_  
 Name of Resident \_\_\_\_\_ Address \_\_\_\_\_  
 Inspector \_\_\_\_\_ Date \_\_\_\_\_