



## IN-HOME SAFETY SURVEY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

OUTSIDE	YES	NO	COMMENTS
Are all outside steps in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all exits have outdoor lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
Is doorbell in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any broken windows?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all exterior door/window locks working?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BEDROOM AND BATHROOM</b>			
Are hot and cold faucets clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Are grab bars by the shower/tub/toilet?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there safety treads in the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there nightlights in the bedroom/bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a flashlight next to the bed?	<input type="checkbox"/>	<input type="checkbox"/>	
Can the phone be reached from the bed?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STAIRWAYS AND HALLWAYS</b>			
Are all carpets and runners secured and all scatter rugs have non-skid backing?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any carpets frayed or torn?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the edges of any stairs clearly visible and are there safety treads?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there light switches at the top and bottom of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the hallways and walkways free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	
If furniture leaned on, is it in good repair and sturdy?	<input type="checkbox"/>	<input type="checkbox"/>	



## IN-HOME SAFETY SURVEY CON'T.

WHOLE HOUSE	YES	NO	COMMENTS
Is there a personal emergency response system such as Lifeline?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a way to access 911 from the floor in each room? (i.e. Cordless, cell, Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	
Are all the smoke detectors in working order?	<input type="checkbox"/>	<input type="checkbox"/>	
Are smoke detectors on every floor of the house?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a working carbon monoxide detector in the house?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all light bulbs in working order?	<input type="checkbox"/>	<input type="checkbox"/>	
Is any oxygen in the house clearly marked? (i.e. signage on exterior doors)	<input type="checkbox"/>	<input type="checkbox"/>	
Are all electrical cords, phone cords, and wires out of the way and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Are cords attached to the walls, baseboards, etc. with nails or staples?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the exterior/interior handrails in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a current list of all medications and their dosages in plain view?	<input type="checkbox"/>	<input type="checkbox"/>	
Are emergency numbers posted in plain view? (i.e. Doctors, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an emergency exit plan in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>	

**I give my permission to forward my name to Southern NH Services The Fixit Program for further evaluation and potential repairs if necessary.**

**Consumer Signature** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Comments:**

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