A HELPING HAND

HOME SAFETY INSPECTION

Exterior of the home:
Are walk ways cracked or uneven? □Yes □No Are steps stable or uneven? □Yes □No
Is decking stable and in good condition? □Yes □No
Is exterior of home well lit? □Yes □No
If no give description

Living Room/Dining Room:
Are walkways clear of debris? □Yes □No Any throw rugs? □Yes □No
Is the carpet frayed or coming up anywhere? □Yes □No
If yes to any of the above please give description and location:

Bedroom:
Are walkways clear of debris? □Yes □No
Is carpet frayed or coming up anywhere? □Yes □No Any throw rugs? □Yes □No
If yes to any of the above give description and location:

Kitchen:
Any throw rugs? □Yes □No Kitchen counters clear of unnecessary debris? □Yes □ No
Is the linoleum or tile damaged or coming up? □Yes □No
If yes to any of the above give description and location:

Bathroom(s):
Any throw rugs? □Yes □No Is the linoleum or tile loose or coming up? □Yes □No
Safety Bars? □Yes □No
If yes to throw rugs and or linoleum give description and location:

Hallways/Stairs or steps:
Are stairs/steps free of debris? □Yes □No Are stairs/steps area well lit? □Yes □No
Is the carpet frayed or coming up anywhere? □Yes □ No
If yes to any of the above give description and location:

I have received a copy of this form and have been informed of any hazards in my home to self or the care professional sent by A Helping Hand.

__________________________________________    ______________
Client or Responsible party Signature                              Date

__________________________________________    ______________
A Helping Hand                                                               Date

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