

In-Home Safety Evaluation Form

Resident Name

Date

Address

Evaluator Name

1. Entryways

☐ Entryways clear of obstacles ☐ Door locks functioning properly ☐ Ramps/steps in good repair

2. Lighting

☐ Adequate hallway lighting ☐ Adequate room lighting ☐ Nightlights in use where needed

3. Bathroom Safety

☐ Grab bars present/secure ☐ Non-slip mats in tub/shower ☐ Toilet height accessible

4. Kitchen Safety

☐ Appliances working safely ☐ Counters/free of clutter ☐ Smoke alarms present/working

5. Bedroom Safety

☐ Clear path to bed ☐ Nightstand accessible ☐ Cords secured/out of walkway

Notes / Recommendations

Evaluator Signature