



Home Safety Checklist – Older Person

Date of Visit: _____

Name of Home Safety Adviser: _____

Source of Request: _____

Client Details

Name _____

Address _____

Postcode _____

Telephone _____

Preferred Contact? _____

1. Type of Dwelling?

Terraced Semi-detached Detached Maisonette Bungalow Flat

Other (please specify) _____

2. Who owns the property?

Home owner Housing Executive Housing Association Private Landlord

Other (please specify) _____

3. Total number of adults normally living in the home _____

Total number over 65 years of age _____

4. Does anybody come in to help you? Yes No

If yes, who & when _____

Ensure that home safety check advice does not cause confusion or give conflicting guidance to that of any visiting agencies.

Home Safety Checklist – Older Person

5. Do you normally wear glasses? Yes No

6. Do you always put them on when rising at night? Yes No

7. When did you last visit an optician? Under 2 yrs Over 2 yrs

Your eyesight should be tested every 2 years. However, any changes to your vision at any time, should be checked by an optician

8. Do you use a walking aid? Yes No

If yes, are you able to move around your home with it? Is the furniture suitably placed? Yes No

9. Are the rubber tips of the walking aid maintained? N/A Yes No

10. Is footwear worn in the home in good condition and not likely to cause a slip or trip hazard? Yes No

11. Has anyone sought medical help in the last year because of an accident at home? Yes No

If yes briefly describe what happened and to whom?

12. In the last year have you or any member of your household tripped or fallen at home? Yes No

If yes briefly describe what happened and to whom?

Home Safety Checklist – Older Person

1. PORCH/HALL/STAIRS/LANDING

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
1.1	Access to home	Easy, safe access/good lighting			
Action: OT Trigger					
1.2	Entrance area	Free of trip hazards			
Action:					
1.3	Hallway	Clear passageway free from obstructions?			
Action:					
1.4	Hall Lighting	Is it safe? Is it adequate?			
Action:					
1.5	Hallway floor covering	Non slip/trip, good repair, safe & secure?			
Action:					
1.6	Flexes & Cables	Free of trailing cables & trip hazards?			
Action:					
1.7	Stair Lighting	Adequate. Always switched on at night?			
Action:					
1.8	Staircase/landing	Free from obstructions?			
Action:					
1.9	Hand rail(s)/banister	Fitted and secure?			
Action:					
1.10	2 nd Hand rail	Is one fitted?			
Action:					
1.11	Stair carpets	Non-slip/trip, secure and free from wear?			
Action:					
1.12	Smoke detector	Present/working/checked regularly/test date?			
Action:					

Home Safety Checklist – Older Person

2. LIVING/DINING AREAS

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
2.1	Lighting	Is it safe? Is it adequate?			
Action:					
2.2	Flexes/adaptors	Visually safe. No trailing cables, overloaded sockets?			
Action:					
2.3	Floor coverings/rugs	Non-slip/trip, secure and free from wear?			
Action:					
2.4	Furniture	Positioned to allow easy and safe access around room? Is there safe access to windows/curtains?			
Action:					
2.5	Heaters (Open fire, gas, electric, oil)	Fireguard and spark guard both used and suitable for fire? Swept/serviced regularly? Kindling/firelighters kept away from fire?			
Action:					
2.6	Favourite chair	Can person get up and down easily?			
Action: OT Trigger					

Home Safety Checklist – Older Person

3. KITCHEN

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
3.1	Lighting	Is it safe? Is it adequate?			
Action:					
3.2	Floor and coverings	Non-slip/trip, secure and free from wear?			
Action:					
3.3	Furniture	Clear passageway free from obstruction?			
Action:					
3.4	Loose furnishings (Bins/storage racks etc)	Positioned safely?			
Action:					
3.5	Flexes	Visually safe and non-trailing?			
Action:					
3.6	Cupboards	Can high and low cupboards be accessed easily?			
Action:					
3.7	Cooker and cooking	When cooking are the handles facing away from front edge of the cooker? Is tea towel stored away from cooker?			
Action:					
3.8	Kettle/Tea making equipment	Is kettle easy to lift? Are tea-making ingredients near kettle?			
Action:					
3.9	Spillages	Risk from spillages minimised?			
Action:					
3.10	Chip Pan	Is it used safely and correctly at all times?			
Action:					

Home Safety Checklist – Older Person

4. BEDROOMS

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
4.1	Lighting	Is it safe? Is it adequate?			
Action:					
4.2	Bedside lamp	Can it be reached from the bed?			
Action:					
4.3	Lights at night	Do you leave an upstairs light on at night to allow you to see?			
Action:					
4.4	Night time routines	Do you wear your glasses if you get up? Do you always turn on the light?			
Action:					
4.5	Flexes	Visually safe and non-trailing (including electric blanket)?			
Action:					
4.6	Furniture	Positioned safely with clear access around room? Clear access to windows/curtains?			
Action:					
4.7	Nightwear (Including dressing gown)	Is it of 'low flammability'? Is nightwear safe and non trailing?			
Action:					
4.8	Floor and coverings	Non-slip/trip, secure and free from wear?			
Action:					
4.9	Smoking	If they smoke in bed, do they do it as safely as possible?			
Action:					

Home Safety Checklist – Older Person

5. BATHROOM

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
5.1	Lighting	Is it safe? Is it adequate?			
Action:					
5.2	Floor and coverings	Non-slip/trip, secure and free from wear?			
Action:					
5.3	Windows	Is there clear and safe access to windows?			
Action:					
5.4	Aid equipment (Grab & hand rails etc)	Is the bathroom fitted with any aids?			
Action:					
5.5	Bathing	Do you use the bath?			
Action:					
5.6	Bathing	Are they able to use bath/shower safely?			
Action: OT Trigger					
5.7	Bathing	Do you always run the cold water first and check temperature before getting in?			
Action:					
5.8	Toilet	Are you able to get on/off the toilet easily?			
Action: OT Trigger					
5.9	Electrical Appliances	Electrical appliances kept out of and not used in the bathroom? (hairdryers/heaters/electric radio)			
Action:					

Home Safety Checklist – Older Person

6. GARDEN/OUTDOORS

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
6.1	Garden	Do they use the garden?			
Action:					
6.2	Outside steps	Are they safe and fitted with a handrail?			
Action:					
6.3	Outside Steps	Can they manage the steps?			
Action: OT Trigger					
6.4	Paths/driveway	Are they clear of obstructions and not a slip/trip/fall hazard?			
Action:					
6.5	RCD Residual Current Device	Is one available? Do they always use it?			
Action:					
6.6	Chemicals	Are they kept in their original containers?			
Action:					

Home Safety Checklist – Older Person

7. GENERAL SAFETY ITEMS

			Is It SAFE?		
Q	Item to be checked	What to look for	Yes	No	N/A
7.1	Smoke detectors	Are they present, sited correctly, tested weekly and properly maintained?			
Action:					
7.2	Fire escape plan	Do they have one? Have they practiced it?			
Action:					
7.3	Night time routine	Do they remove plugs from sockets/close interior doors/ensure cigarettes/candles are extinguished			
Action:					
7.4	Home heating	Can occupier manage the heating? Is it adequate?			
Action:					
7.5	Falls	Do they know what to do if they have a fall?			
Action:					
7.6	Visitors/callers	Do they take their time answering the door/phone?			
Action:					
7.7	Other safety equipment	If present, is it used safely, correctly and is it suitable?			
Action:					

Home Safety Checklist – Older Person

8. MEDICINES

Q		Yes	No
8.1	Are you usually medication free?		
Action:			
8.2	How many types of medication do you take (including non-prescription/over the counter drugs)?	- 4	+ 4
Action:			
8.3	Do you ever feel dizzy or light headed?	Never	Yes
Action: GP Trigger			
8.4	Have you disposed of out of date medicines or medicines that were not prescribed for you?		
Action:			
8.5	Do you know how to dispose of them safely?		
Action:			
8.6	Can you open the packages or containers?		
Action:			
8.7	Can you read the labels?		
Action:			
8.8	Do you know how and when to take your medicine?		
Action:			
8.9	Do you usually remember to take your medicine?		
Action:			
8.10	If you have young children visiting, do you ensure that medicines are out of reach?		
Action:			

