

Client Home Safety Checklist

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Question	Comments
<input type="checkbox"/> Are there pets? If so, list the types; and do they have a history of jumping or biting?	
<input type="checkbox"/> Is there a location for therapy? If so where?	
<input type="checkbox"/> Is the way to the therapy location free of clutter?	
<input type="checkbox"/> If therapy is in the basement, is there a walkout exit?	
<input type="checkbox"/> Are there any firearms in the home?	
<input type="checkbox"/> If yes, are they in a gun safe or securely locked up?	
<input type="checkbox"/> Is there a smoke alarm(s)? Location? Do they work?	
<input type="checkbox"/> Is there a carbon monoxide detector(s)? Location? Do they work?	
<input type="checkbox"/> Is there a fire extinguisher(s) and location?	
<input type="checkbox"/> Is there a disaster location in the home?	
<input type="checkbox"/> If there are stairs in the home, are they free of clutter?	
<input type="checkbox"/> Handrail on stairs is secure?	
<input type="checkbox"/> Is this a smoke-free home?	
<input type="checkbox"/> Is the home well kept and reasonable free of clutter?	

<input type="checkbox"/> Bathrooms are reasonably clean?	
<input type="checkbox"/> Location of Front exit(s)?	
Question	Comments
<input type="checkbox"/> Location of Rear exit(s)?	
<input type="checkbox"/> Location of Basement exit(s)?	
<input type="checkbox"/> Are the exits free and clear?	
<input type="checkbox"/> Are doors easily opened and closed?	
<input type="checkbox"/> What parking is available and where is it located?	
<input type="checkbox"/> Should therapists remove shoes when in the home?	
<input type="checkbox"/> Are there any peanut, or other allergies, in the household that we should be aware of?	
<input type="checkbox"/> Is there a specific food that should not be brought into the home?	