



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 any where? 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 any where? 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