

CLERMONT COUNTY SENIOR SAFETY CHECK LIST

Living Areas	Yes	No
Are lamp, extension, and telephone cords in good condition?		
Do extension cords carry more than their proper load?		
Are all cords stored out of the flow of traffic?		
Are the floors free of throw rugs and loose carpeting?		
Are emergency numbers posted on or by the telephone?		
Is there a portable telephone nearby?		
Are smoke detectors properly located and checked regularly?		
Do all outlets and switches have cover plates?		
Are light bulbs the appropriate size and type for lamp fixture?		
Is there a carbon monoxide detector?		
Are hall ways, passage ways and exits kept clear?		
Are flammable and combustible products stored away from heat sources?		

Kitchen Areas		
Are towels and curtains stored away from the stove?		
Are short or close fitting sleeves being worn during cooking?		
Are electrical cords stored away from sink and stove areas?		
Is there good lighting over kitchen work areas?		
Are frequently used items within easy reach?		

Bathroom		
Are bathtubs and shower areas equipped with non-skid mats?		
Is the water temperature 120°F or lower?		
Is the light switch located near the entrance to the bathroom?		
Are electrical appliances unplugged?		

Bedrooms		
Do closet doors open and close easily?		
Is there a flashlight near the bed?		
Are lamps or light switches within reach of the bed?		
Is there a telephone located close to the bed?		

Basement/Garage/Workshop/Storage Areas		
Are work areas and stairways well lit?		
Are light switches located at the entrances?		
Are basement steps in good condition and free of clutter?		

Personal		
Do you visit your doctor regularly?		
Do you participate in exercise regularly?		
Do you get your vision checked regularly?		
Are medications stored in original pharmacy containers and clearly marked?		
Do you eat a balanced diet?		
Do you get enough rest?		
Do you wear fastened, well-fitting, skid-proof shoes?		

If the answer to any of these questions is no, you may need to make modifications to your home and/or lifestyle. I understand that the agency or group performing this inspection is not liable for undetected, uncorrected or future risks.

Date: _____ Signature of resident: _____
 Name of resident: _____ Address: _____
 Inspector: _____ Agency: _____
 Comments: _____

When completed, please fax to Clermont County General Health District at: 513-735-8420

Distribution: White-Resident Yellow-Agency/Inspector Pink- Clermont County Health District

12/19/08