

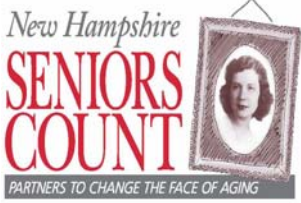


IN-HOME SAFETY SURVEY

NAME: _____

ADDRESS: _____ DATE: _____

| OUTSIDE | YES | NO | COMMENTS |
|---|--------------------------|--------------------------|----------|
| Are all outside steps in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do all exits have outdoor lighting? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is doorbell in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any broken windows? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all exterior door/window locks working? | <input type="checkbox"/> | <input type="checkbox"/> | |
| BEDROOM AND BATHROOM | | | |
| Are hot and cold faucets clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are grab bars by the shower/tub/toilet? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there safety treads in the tub/shower? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there nightlights in the bedroom/bathroom? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a flashlight next to the bed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Can the phone be reached from the bed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| STAIRWAYS AND HALLWAYS | | | |
| Are all carpets and runners secured and all scatter rugs have non-skid backing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are any carpets frayed or torn? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the edges of any stairs clearly visible and are there safety treads? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there light switches at the top and bottom of the stairs? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the hallways and walkways free of clutter? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If furniture leaned on, is it in good repair and sturdy? | <input type="checkbox"/> | <input type="checkbox"/> | |



IN-HOME SAFETY SURVEY CON'T.

| WHOLE HOUSE | YES | NO | COMMENTS |
|---|--------------------------|--------------------------|----------|
| Is there a personal emergency response system such as Lifeline? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a way to access 911 from the floor in each room? (i.e. Cordless, cell, Lifeline) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all the smoke detectors in working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are smoke detectors on every floor of the house? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a working carbon monoxide detector in the house? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all light bulbs in working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is any oxygen in the house clearly marked? (i.e. signage on exterior doors) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all electrical cords, phone cords, and wires out of the way and in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are cords attached to the walls, baseboards, etc. with nails or staples? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the exterior/interior handrails in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a current list of all medications and their dosages in plain view? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are emergency numbers posted in plain view? (i.e. Doctors, family, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you have an emergency exit plan in case of fire? | <input type="checkbox"/> | <input type="checkbox"/> | |

I give my permission to forward my name to Southern NH Services Fixit Corps for further evaluation and potential repairs if necessary.

Consumer Signature _____

Phone Number: _____

Zip Code _____

Comments:
