



## SAFETY ASSESSMENT

**Directions:** The Safety Assessment is to be completed alongside an Individual Intake Form and annually thereafter. Please, use the Safety Assessment to identify safety risks and opportunities for improvement. Any risks identified from the results of the Safety Assessment are to be addressed during emergency drills, setting goals and objectives, and/or whenever possible.

### General Safety

1. Do you feel safe in your home? \_\_\_\_\_
2. Do you feel safe at work (if applicable)? \_\_\_\_\_
3. Do you feel safe in your neighborhood? \_\_\_\_\_
4. Are you able to access running water and adjust the temperature safely? \_\_\_\_\_
5. Do you spend any time in the kitchen (making your own meals, assisting others)? Do you clean up after yourself?  
\_\_\_\_\_
6. Do heating and cooling systems maintain temperature and humidity in a comfortable range?  
\_\_\_\_\_
7. Does your home have proper ventilation so that air quality is safe? \_\_\_\_\_
8. Please describe how you keep your home and work environment clean. \_\_\_\_\_  
\_\_\_\_\_
9. Do you administer your own medications? Are there any supports you need to ensure medications are taken correctly?  
\_\_\_\_\_
10. Do you utilize any therapeutic and/or adaptive equipment and is said equipment comfortable and in good repair? Please list all equipment used.  
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11. Do you know where the smoke alarms are located within your house? Who is responsible for ensuring alarms are properly maintained?

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12. Do you understand your own personal medical and medication histories?

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13. Do you feel you have adequate supports to ensure your personal safety? If not, what areas of support would need to be improved?

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**Emergency Procedures**

14. In the event of severe weather (such as tornado or flood), are you able to promptly evacuate to safety? What is your safety plan currently in place?

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15. In the event of a fire in the home, are you able to independently evacuate to safety? What is your safety plan currently in place?

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16. Do you have a fire extinguisher in your home? Where is it located?

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17. In the event of an emergency of any nature, are you able to call for help? Who do you call for help and how do you call for help?

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