

Home Safety Checklist¹

Outside

1. Do all your entrances have an outdoor light?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do your outdoor stairs, pathways or decks have railings and provide good traction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are the front steps and walkways around your house in good repair and free of clutter, snow or leaves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do the doorways to your balcony or deck have a low sill or threshold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can you reach your mailbox safely and easily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Is the number of your house clearly visible from the street and well lit at night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: If you live in a rural area and don't have a visible house number, make sure your name is on your mailbox and keep a clear description of directions to your home (main roads, landmarks, etc.) by each phone in your house.

Inside

1. Are all rooms and hallways in your home well lit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are all throw rugs and scatter mats secured in place to keep them from slipping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you removed scatter mats from the top of stairs and high traffic areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are your high traffic areas clear of obstacles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you always watch that your pets are not underfoot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If you use floor wax, do you use the non-skid kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have a first aid kit and know where it is?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you have a list of emergency numbers near all phones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: Install a seat at the entrance of your home so you can comfortably put on or remove your shoes and boots.

Stairs

1. Are your stairways well lit and do you have light switches at the top and bottom of the stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are your stairs in good repair and free of clutter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do the steps of your stairs have a non-skid surface?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are there solid handrails on both sides of the stairway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you remove your reading glasses when using the stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: Don't rush going up or down stairs. Rushing is a major cause of falls.

Fire and Hazardous Materials

1. Do you have a smoke detector on every floor of your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you test your smoke detector every six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you developed an escape route and fire safety plan in case of fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have a carbon monoxide detector in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are flammable and hazardous materials clearly labelled and properly stored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If you use a space heater, is it placed well away from flammable substances and materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you use appropriate power bars to prevent overloading electrical outlets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. If you live in an older home, have you or an electrician inspected your wiring, fuse box, electrical cords and appliances for safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are chemicals, such as bleach, cleaners and paint thinners, clearly identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: To remember to test your smoke detector twice a year, make a habit of testing it when you turn your clocks forward in the spring and back in the fall.

Bathroom

1. Do you test the water temperature before you get into the bathtub or shower?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your hot water temperature set to the recommended 49°C (120°F)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have non-slip surfaces in the tub or shower?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do bath mats next to the tub or shower have rubberized backing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a night light in the bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does your bathroom door lock have an emergency release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have grab bars that have been properly placed and well anchored to the wall in the bathtub or shower?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. If you have any trouble getting on and off the toilet, do you have a raised toilet seat and a grab bar that is well anchored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. If it's difficult for you to take a shower standing up, have you considered a bath seat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: Some tile and bath cleaning products actually increase slipperiness. Be careful when using such products.

Kitchen

1. Are frequently used items stored in an easy-to-reach location – between knee and shoulder heights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are heavy items stored in the lower cupboards and light items in the higher cupboards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have a stable step stool (with safety rail) for reaching high places?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are the “off” and “on” position on the stove dials clearly marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are your oven mitts within easy reach when you are cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you make sure to never cook while wearing loose-fitting clothing or sleepwear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have a fire extinguisher in the kitchen, mounted on the wall away from the stove?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you regularly check that your fire extinguisher is in good operating order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: Use heat-resistant oven mitts rather than potholders; they provide better grip on hot containers and give you better protection against splatters and steam. If you do experience a burn, immerse in cool water (not ice or butter!).

Bedroom

1. Is there a light switch near the entrance to your bedroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have a lamp or a light switch near your bed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you keep night lights or other sources of light on in case you get up in the middle of the night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is there a clear path from your bed to the bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a phone and a list of emergency phone numbers near your bed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TIP: Make sure your bed is not too high or low, so that it is easy to get in and out of.

¹ Keeping Your Home Safe, Public Health Agency of Canada.