

Safe at Home, LLC
301-956-9725
HOME AUDIT & INTERVIEW NOTES



DATE:

CLIENT NAME:
Name and Date interviewed:

NAME/ROLES OF OTHER
PROVIDERS:
Name and Date interviewed:

CONTACT INFO:

ADDRESS:

OTHERS INVOLVED:
Name and Date interviewed:
Name and Date interviewed:

PRIMARY ISSUES PER CLIENT:

SPECIFIC NEEDS TO BE ADDRESSED:

ESTIMATED BUDGET

REQUIRED COMPLETION DATE:

BRIEF DESCRIPTION OF HOME:

SMOKE DETECTORS:

Installed on each level of home?
Installed outside each sleeping area?
How old?
Test Results:

BELOW RESULTS OF INTERVIEW WITH: _____

ENTRY**NOTES**

Address numbers easy to see from street?

Steps/pavement in good condition?

Climbing up stairs to front door

Going down stairs from front door

Locking & unlocking front door

Entry table?

Using door knob

Mailbox

Threshold lip at front door

Lighting

HALLWAYS & INSIDE DOORS**NOTES**

Wheelchair/walker use?

Opening and going thru internal doors

Using doorknobs

Moving between carpeted/noncarpeted

Adequate lighting

Turning on lights in area being approached

STAIRS**NOTES**

Slipping on stairs

Non-skid strips?

Distinguishing thresholds and edges

Easy to see leading edge or nosing of each tread?

Balance/support

Dual handrails?

BEDROOM - number and level**NOTES**

Entering/Exiting

Nightlights in use?

Turning lights on/off

Adequate lighting

Using electrical outlets

Communication (phones)

Opening/Closing drapes/blinds/curtains

Opening/Closing windows

Using closet/reaching clothes

Lighting in closet?

Adequate storage room

Tripping on rug corners/edges

Lighting/Glare

KITCHEN

NOTES

Emergency Numbers located where?

Fire Extinguisher location? Age?

Turning lights on/off

Using electrical outlets

Opening/closing windows

Adequate Lighting

Using cabinets/shelves/closets

Using the counters

Access to all parts of refrigerator

Using the oven (door/dials/shelves)

Oven mitts handy?

Using the stove (door/dials/shelves)

Lids to pans handy?

Timer being used?

Using sink

Using Dishwasher

Disposing of trash

BATHROOMS(S) - number and level

NOTES

Entering/exiting

Does door open outwards?

Throw rugs/bathmats?

Bathroom flooring: finish? Texture?

Grab bars by toilet and bath?

Turning lights on/off

Using electrical outlets

Using cabinets and closets

Using the mirror

Using sink

Using toilet

Using shower/bathtub

Non-skid mat or strips in standing area?

Single-lever mixing faucet?

Opening/closing window

LIVING ROOM/FAMILY ROOM

NOTES

Entering/exiting

Turning lights on/off

Using electrical outlets

Adequate lighting/glare

Opening and closing drapes/blinds

Opening/closing windows

Moving around in LR

Tripping on carpets/rugs

Entertaining guests

OTHER

NOTES

Any occupant a smoker?

Handling Recycling & Trash Cans

Monitoring/using HVAC system

Landscaping issues and security?

Any formal security system?

Porches, window wells etc safe/protected?
