

# Site Assessment Form

Assessor: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Personal Information

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Live Alone? Yes  No  Number of people in household \_\_\_\_\_

## Description of Home

Bungalow  2 Storey  3 Storey  Finished Basement  Apt/Condo

Number of bathrooms \_\_\_\_\_

## Entry

Front steps & walk in good repair Yes  No  Kept free of debris, clutter, etc Yes  No

Outdoor lighting Yes  No

Dead bolt on doors Yes  No

Comments \_\_\_\_\_

## Electrical

Extensive use of extension cords Yes  No  Cords stretched across walkways/high traffic areas Yes  No

Cords stretched under rugs/mats Yes  No  Damaged, old or frayed cords Yes  No

Any exposed wiring Yes  No

Comments \_\_\_\_\_

## Rugs/Runners

Loose rugs/runners/mats Yes  No

Rugs/runners/mats secured to floor with double-faced tape Yes  No

Rugs/runners/mats with curled up edges Yes  No

Comments \_\_\_\_\_

## Telephone

Number of telephones \_\_\_\_\_

Where located \_\_\_\_\_

Emergency numbers written in large print near all phones Yes  No

Cords stretched across floor that present a falling hazard Yes  No

Phone located near the bedside Yes  No

## Smoke Alarms

Smoke Detectors in home Yes  No  Hard wired to electrical system Yes  No  Number \_\_\_\_\_

Battery Operated Yes  No  Number \_\_\_\_\_ Battery checked? Yes  No

Where located: \_\_\_\_\_

Comments \_\_\_\_\_

## Fire Extinguishers

Number \_\_\_\_\_ Inspected Yes  No  Date \_\_\_\_\_

Location \_\_\_\_\_

Comments \_\_\_\_\_

**Heating**

Type of heat Oil FHA  Oil FHW  Electric  Propane  Wood

Any auxiliary heat Yes  No  Type: Space heater  Kerosene  Wood stove  Oil stove

Other \_\_\_\_\_

Heater(s) located at least 4 feet from combustible material Yes  No

Comments \_\_\_\_\_

**Stairways**

In good repair Yes  No

Solid handrails Yes  No  Well lit Yes  No

Light switch at top & bottom Yes  No  Non-skid surface Yes  No  Clutter free Yes  No

Runner mats, carpeting, treads well fastened Yes  No

Comments \_\_\_\_\_

**Bathroom**

Grab bars Yes  No

Well fastened & properly placed Yes  No

Bath Seat Yes  No

Raised toilet seat Yes  No

Rubber bath mat or non-slip surface in tub/shower Yes  No

Night Light Yes  No

Comments \_\_\_\_\_

**Kitchen**

Fire extinguisher Yes  No  Stable step stool with handrail Yes  No

Heavy items in lower cupboards Yes  No

Pots/pans/canned goods/staple foods easy to reach Yes  No

Appliances in good condition (no frayed cords, etc) Yes  No

Comments \_\_\_\_\_

**Pets**

Dogs Yes  No  Number \_\_\_\_\_ Breed(s) \_\_\_\_\_

Cats Yes  No  Number \_\_\_\_\_

Other \_\_\_\_\_

Is pet aggressive Yes  No

Comments \_\_\_\_\_

**General**

Carbon monoxide detector Yes  No  Night lights in convenient locations Yes  No

Alarm system Yes  No

Emergency response system (e.g. Lifeline) Yes  No

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_ License # \_\_\_\_\_