Name: Date:

Home Safety Checklist

Directions: Check (✓) if the area is safe. If not, write what needs to be fixed.

Living Room

- ☐ Floors are clear (no toys, wires)
- ☐ Good lighting
- ☐ Furniture is stable
- ☐ No slippery rugs

Fix needed: _____

_____

Kitchen

- ☐ Sharp objects stored safely
- ☐ No water spills
- ☐ Stove is turned off after use
- ☐ Cleaning supplies out of reach

Fix needed: _____

_____

Bathroom

- ☐ Floor is dry
- ☐ Non-slip mat is used
- ☐ Grab bars available (if needed)
- ☐ Water temperature is safe

Fix needed: _____

_____

Bedroom

- ☐ Bed is easy to get in/out
- ☐ Night light available
- ☐ Pathway is clear

Fix needed: _____

_____