



**TRANSCEND
MEDICAL**

Going Beyond The Limits

Home Safety Assessment Checklist

			NOTES
Y	N	Is there adequate lighting	
Y	N	Is Driveway Smooth and paved	
Y	N	Walkways are smooth and level	
Y	N	Steps to Doors are sturdy w rails	
Y	N	Ramps secure and sloped correctly and are non-skid	
Y	N	Entry—no trip hazards	
Y	N	Doorways are wide enough for WC	
		Any areas of concern—decks etc.	
Y	N	Rugs (tripping hazard) , cords etc.	
Y	N	Electrical Outlets safe and grounded	
Y	N	Secure and safe place for equipment	
Y	N	Patient are a family member understands how and why to use equipment	
Y	N	Patient are a family member understands how to contact who and how for emergency	

Signed by _____ Relationship _____ Date _____

Technician _____

Date _____