



As part of our commitment to Safety we have prepared this checklist for your use. Please review any concerns with a CMHA staff member.

HOME SAFETY AWARENESS CHECKLIST

FIRE SAFETY:

	Yes	No	N/A
1. Is there a smoke alarm on each floor and near every bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have the batteries been replaced in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know how to use a fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you smoke, do you use deep ashtrays? Do you add water before emptying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a carbon monoxide detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the home heating system checked annually by a professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are electrical/extension cords frayed, cracked, or overloaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are space heaters at least 3 feet from furniture or curtains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you open the flue before using the fireplace or wood stove? Reminder sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a fire escape plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do all of the windows open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLIPS & FALLS:

	Yes	No	N/A
1. Is there a sturdy handrail at the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a non-skid bathmat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a non-slip mat or strips in the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are small rugs taped to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there grab bars in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there clutter on the stairs/in main hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a nightlight in the bedroom, hallway, and bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there good lighting on the porch, stairwell, or walkway to your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POISONS:

	Yes	No	N/A
1. Do you know what is under your sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know the WHMIS labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you keep products in the same container that you purchased them in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PREPAREDNESS:

	Yes	No	N/A
1. Are emergency numbers by the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a first aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a flashlight with extra batteries? Candles are not recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have "ready to eat" canned food & high energy food in reserve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a non-electric can opener?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a list of your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have an emergency kit in your car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD SIGNS:



Oxidizing Material:

These materials increase the risk of fire if they come in contact with flammable or combustible materials.



Flammable:

Capable of catching fire in the presence of a spark or open flame.



Poisonous and Infectious Material:

These materials can cause death or immediate injury when a person is exposed to small amounts.



Explosive:

Material that causes a sudden, almost instantaneous, release of gas, heat, and pressure, accompanied by loud noise when subjected to a certain amount of shock, pressure, or temperature.