

### Options Health and Safety Review

Customer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_  
Name Signature

Person Responsible for review and corrections (Service Coordinator):

\_\_\_\_\_  
Signature Date

Service Manager or designee will complete this review monthly for all non-family settings, and submit it to the appropriate Service Coordinator. Please explain all N or N/A answers on the back of this form. Submit a copy to the Health and Safety Committee by the 5<sup>th</sup> of the next month.

<b>Fire Safety</b>			
At least one working smoke detector present per floor	Y	N	N/A
Smoke detector functional	Y	N	N/A
Smoke detector battery replaced every 6 months	Y	N	N/A
<b>Date of last replacement</b> _____			
Fire extinguisher in kitchen and on each floor	Y	N	N/A
Fire extinguisher checked ( needle in the green, pin in place, and hose not blocked or cracked) and signed off on tag	Y	N	N/A
<b>Date of last inspection by Fire Extinguisher Company</b> _____			
Carbon monoxide detector functional (if present)	Y	N	N/A
No visible fire or electrical hazards (open heating elements near flammable materials; empty light sockets, frayed cords or wires, overloaded sockets)	Y	N	N/A
<b>Chemical Safety</b>			
Potentially toxic substances, household cleaners, and chemicals labeled (identity of chemical, name/address of manufacturer, and appropriate hazard warnings)	Y	N	N/A
Chemicals stored properly (ventilated, away from heat sources)	Y	N	N/A
MSDS sheets in place for all potentially toxic substances in the home (Group homes only)	Y	N	N/A
<b>Food Safety</b>			
Refrigeration present and functional (40 degrees or below)	Y	N	N/A
Food stored appropriately	Y	N	N/A
Food dated when purchased or opened	Y	N	N/A
<b>Medication Safety</b>			
Medications stored appropriately in locked box or cabinet	Y	N	N/A
Medication inventories completed as scheduled	Y	N	N/A
Information about medications (including purpose and side effects) available	Y	N	N/A
No expired or discontinued medications are present	Y	N	N/A
<b>Injury Prevention &amp; Care</b>			
Water temperature does not exceed 110 degrees (or anti-scald device is in place)	Y	N	N/A
Stairways safe if present (no loose railings, steps, or carpet)	Y	N	N/A
Non-skid surfaces in showers and tubs	Y	N	N/A
Grab bars mounted where appropriate	Y	N	N/A
First Aid kit complete	Y	N	N/A
<b>Emergency Preparedness</b>			
Staff trained in emergency procedures before working independently (documented on residential orientation checklist)	Y	N	N/A
Home survival supplies including a minimum of flashlights with fresh batteries and bottled water	Y	N	N/A
Emergency contact information and emergency procedures available	Y	N	N/A
Drills completed as required (please attach drill reports)	Y	N	N/A
<b>Cleanliness</b>			
No unpleasant odors present	Y	N	N/A
Trash removed	Y	N	N/A
Pest-free	Y	N	N/A
Meets reasonable community standards of acceptable cleanliness	Y	N	N/A

<b>General Maintenance</b>			
Heating/cooling is appropriate and functional	Y	N	N/A
Adequate ventilation	Y	N	N/A
Adequate lighting	Y	N	N/A
Window dressings adequate to maintain privacy	Y	N	N/A
Windows have screens and open, latch, and lock properly	Y	N	N/A
Doors open, latch, and lock properly	Y	N	N/A
Locks can be easily manipulated by customer	Y	N	N/A
Ceiling and walls in good repair	Y	N	N/A
Floor coverings appropriate and safe	Y	N	N/A
Plumbing in good working order	Y	N	N/A
Stove in working condition	Y	N	N/A
No obvious maintenance needs (leaky roof, torn screens, broken appliances)	Y	N	N/A
<b>Vehicle Safety Kits</b>			
Fire extinguisher checked ( needle in the green, pin in place, and hose not blocked or cracked) and signed off on tag			
<b>Date of last inspection by Fire Extinguisher Company</b> _____	Y	N	
Road hazard/ warning device present	Y	N	
First aid kit present and stocked	Y	N	
<b>Other Concerns</b>			

Please indicate the plan of action that will be taken to address any safety issues found during the inspection (all "No" answers).

Concern	Correction	Date Completed

Recommendations from Health and Safety Committee:

Concern	Correction	Timeline

Recommendations follow-up by S.C.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by Health and Safety Committee:

_____	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>Signature</i>
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