

# Staff Safety Checklist Plan Evaluation

Project #: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator: \_\_\_\_\_

- Are pinch points, projections, and overhead hazards absent?  YES
- Is the house single level?  YES
- Is bathroom large enough for needed safety equipment?  YES
- Are sharp corners on edges absent?  YES
- Are sidewalks 32" wide, minimum?  YES
- Are sidewalks level and well-drained?  YES
- Are sidewalks free of edges and ankle twisters?  YES
- Are all outside walking surfaces well-lit?  YES
- Are all parking areas adequately lit?  YES
- Are lights low and free of glare?  YES
- Are light bulbs covered, where required?  YES
- Is there a full coating of mastic on mirrors?  YES
- Are all sills, tracks, and thresholds as low profile as possible?  YES
- Is a battery backup provided for emergency egress?  YES
- Are door openings as wide as required for intended use?  YES
- Have pocket doors been considered?  YES
- Does staff have good visibility throughout the house and around grounds?  YES
- Are there closed hallways or hidden spaces?  YES
- Does plan permit for closing laundry room & kitchen spaces, if needed?  YES  NO