

# Home Safety Checklist

For

## Community Residential Settings

**Community Residential Setting (CRS)** – The fire marshal inspection of a community residential setting must verify the residence is a dwelling unit within a residential occupancy as defined in section 9.117 of the State Fire Code. A home safety checklist, approved by the commissioner, must be completed for a community residential setting by the license holder and the commissioner before the satellite license is reissued. Reference Minnesota Statutes, section 245D.21, Subdivision 2 (2).

Name of License Holder/Program: \_\_\_\_\_

### Emergency Procedures

The following items must be posted and/or readily accessible in a prominent location in a common area of the home where they can be easily observed by a person responding to an incident:

- Yes  No 1. A list of emergency phone numbers.  
 Yes  No 2. A written plan for responding to emergencies to assure the safety of persons served in the facility.  
 Yes  No 3. A flashlight and a portable radio or television set that does not require electricity.  
 Yes  No 4. A first aid kit that meets the needs of persons receiving services and staff.  
 Yes  No 5. A non-coin operated telephone.

### Physical Environment

- Yes  No 1. The interior and exterior of buildings, structures, or enclosures used by the facility are maintained in good repair and in a sanitary and safe condition.  
 Yes  No 2. The facility is clean and free from accumulations of dirt, grease, garbage, peeling paint, mold, vermin and insects.  
 Yes  No 3. Exit doors and windows are not obstructed and are easily opened from the inside.  
 Yes  No 4. The wiring appears safe; no known hazards exist.  
 Yes  No 5. Extension cords are not used in place of permanent wiring.  
 Yes  No 6. A fire extinguisher with a minimum rating of 2A:10BC is maintained in the facility.  
 Yes  No 7. All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition.  
 Yes  No 8. All interior doors can be unlocked from the outside and the opening device is readily accessible in case of emergency.  
 Yes  No 9. Interior and exterior runways, stairways, and ramps have handrails and nonslip surfaces.  
 Yes  No 10. Stairways, ramps, and corridors are free of obstructions.  
 Yes  No 11. Outside property is free from debris and safety hazards. Exterior stairs and walkways are free of ice and snow.  
 Yes  No 12. The water temperature of faucets does not exceed 120 degrees Fahrenheit to prevent scalding.  
 Yes  No 13. Heating, ventilation, air conditioning units, and other hot surfaces and moving parts of machinery are shielded or enclosed.  
 Yes  No 14. Heating and ventilation systems are checked regularly and maintained in good working condition in accordance with manufacturer's recommended guidelines.  
 Yes  No 15. If there are elevators in the facility, inspections must be completed and documented annually.  
 N/A (no elevators)

# Home Safety & Health

- Yes  No 1. Individual clean bed linens appropriate for the season and the person's comfort, including towels, wash cloths, are available for each person.
- Yes  No 2. Personal health and hygiene items are stored in a safe and sanitary manner.
- Yes  No 3. Usual or customary goods for the operation of the residence which are communally used by all persons receiving services living in the residence are provided by the license holder, including household items for meal preparation, cleaning supplies, window coverings, toilet paper, and hand soap.
- Yes  No 4. Food is obtained, handled and properly stored to prevent contamination, spoilage, or a threat to the health of a person.
- Yes  No 5. Combustible items are properly stored at least 36" from any heating sources.
- Yes  No 6. Chemicals, detergents, and other hazardous or toxic substances are not stored with food products or in any way that poses a hazard to persons receiving services.
- Yes  No 7. Schedule II controlled substances are stored in a locked storage area permitting access only by persons and staff authorized to administer the medication.  
 N/A  
(no Schedule II controlled substances)
- Yes  No 8. There is a safe water supply in the residence. Water from privately-owned wells is tested annually by a Department of Health-certified laboratory.
- Yes  No 9. Weapons and ammunition are stored separately in locked areas that are inaccessible to a person receiving services. Weapons include firearms and other instruments or devices designed for and capable of producing bodily harm.  
 N/A  
(no weapons in facility)
- Yes  No 10. License holder complies with the requirements of the Minnesota Clean Indoor Air Act when smoking is permitted in the residence.  
 N/A  
(no smoking permitted)

**Comments/explanation for no responses and obvious safety hazards or concerns:**

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PROVIDER SIGNATURE	DATE
LICENSING WORKER	DATE

**This is the Home Safety Checklist approved by the commissioner and items on it may not be deleted or altered. Refer to Minnesota Statutes, section 245D.21, Subdivision 2 (2).**