

SITUATIONAL/SAFETY ASSESSMENT

Name:		Date:	
Can Verbally give:	<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Apartment #: <input type="checkbox"/> Phone number:		
What would you do if you smelled smoke or see a fire in the house?			
What would you do if someone you don't know is at the door and wants to use the phone? They tell you they are having car troubles?			
What would you do if you cut yourself and you were bleeding a lot?			
What would you do if you knocked over something that was glass and there was glass all over the floor?			
What would you do if you thought you heard someone trying to break into the house?			
What would you say to someone you don't know who calls on the phone and asks you questions about: <ul style="list-style-type: none"> a) Who else is home with you? b) Is asking you if you would like to order something? (name an item consumer would be tempted to buy?) c) Is talking dirty or sexy? 			
Do you know your neighbors? Would you ask them for help?			
Who could you call if you needed to know something or felt afraid?	Name: Phone:		
Are emergency numbers posted on or near the phone?			
Are other numbers to call listed where you can locate and use them?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Per Safety Assessment & Team Discussion, does team feel this person is capable of being alone in home?		
Assessment completed by:		Date:	