

My Home Safety Rules

Name: _____ Date: _____

Complete this checklist with staff, family, or another trusted supporter.

Doors and visitors

- I lock doors and windows when appropriate.
- I check who is there before opening the door.
- I do not let unknown visitors inside.
- I know who to call if I feel unsafe.

Kitchen and appliances

- I turn off appliances after using them.
- I keep flammable items away from heat.
- I ask for help with tasks that are not safe for me alone.
- I report smoke, sparks, or unusual smells.

Medicine and cleaning products

- I follow my medication support plan.
- I do not share medicine.
- I keep products in labeled containers.
- I never mix cleaning products.

Emergencies

- I know my address.
- I know when and how to call 911.
- I know two ways to leave my home.
- I have emergency contacts available.

One rule I want to practice

Individual: _____ Support person: _____ Date: _____