**Resident Safety with Common Household Items**

Typically, we are required in an AFH setting to lock up anything that states “keep out of reach of children”. The purpose of this form is to identify common household items that may/may not be safe for the resident to be around.

1. Does the resident consume inedible things/use any product inappropriately?

* **NO**
* **YES**
  + Like what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the resident safe around:

**Hand Soap:**  **Other:** Body wash, peri-wash, deodorant,

* YES shampoo/conditioner, dental care items
* NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dish Soap:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* YES  YES  NO  N/A
* NO

**Hand Sanitizer:**

* YES
* NO

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Resident/representative* \_\_\_\_\_\_\_\_\_\_\_\_\_*Date*