**Environmental Fall Risk Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Environmental Consideration | Yes | No | N/A | Comments |
| Is there adequate lighting in pre-op and post-op patient care areas? |  |  |  |  |
| Are furnishings safely arranged? |  |  |  |  |
| Are furnishings free of sharp edges |  |  |  |  |
| Are furnishings sturdy? |  |  |  |  |
| Are beds/stretchers kept at lowest setting whenever possible? |  |  |  |  |
| Are beds/stretchers kept in locked position whenever possible? |  |  |  |  |
| Are the siderails kept in the up position whenever possible? |  |  |  |  |
| Is the patient’s call bell within reach? |  |  |  |  |
| Are handrails provided in patient bathroom? |  |  |  |  |
| Are handrails in patient bathroom properly secured? |  |  |  |  |
| Is the emergency call button/cord in the patient bathroom present and working properly? |  |  |  |  |
| Are the door openings into the patient bathroom wide enough for an assistive device to fit through? |  |  |  |  |
| Are door openings flush with the floor for ease of movement? |  |  |  |  |
| Are wheelchairs locked when stationary? |  |  |  |  |
| Are floor surfaces/carpeting free of cracks and tripping hazards? |  |  |  |  |
| Are hallways kept adequately clear to allow ambulation? |  |  |  |  |
| Are floors properly marked when wet to avoid slipping? |  |  |  |  |
| Are spills cleaned up promptly? |  |  |  |  |
| Do parking lots have uneven pavement or potholes or other tripping hazards? |  |  |  |  |
| Do sidewalks have uneven pavement or tripping hazards? |  |  |  |  |
| Are the entrances free and clear of hazards? |  |  |  |  |
| Are the parking areas well lit? |  |  |  |  |
| Is the entrance well lit? |  |  |  |  |

Name of individual making assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_