Date	Time
DIRECTION: This assessment should be conducted with representatives from Nursing, Security, Safety, and Facilities Maintenance prior to the patient's entry into the room.	
Are there fixtures from which something heavy can be suspended?	☐Yes (Specify in Notes) ☐No
Types of Fixtures	☐Shower Heads ☐Light Fixtures ☐Curtain Rods ☐Closet Doors ☐Door Knobs
Do showers and closets have break away rods?	☐Yes (Specify in Notes) ☐No
Does the patient's care require any medical equipment such as intravenous lines or oxygen?	☐Yes ☐No ☐Not Applicable
Specify	
Are there any trash cans with liners present in the room?	☐Yes ☐No ☐Not Applicable
Do showers have plastic curtains?	☐Yes ☐No ☐Not Applicable
Is the call light cord longer than 12 inches?	☐Yes ☐No ☐Not Applicable
Is there a bed with sheets in the room?	☐Yes ☐No ☐Not Applicable
Is the unit located at higher than ground level?	☐Yes ☐No ☐Not Applicable
Does the patient have access to windows, glass doors, balconies, any places from which he or she could jump?	☐Yes ☐No ☐Not Applicable
Specify	
Is the window(s) and/or glass door able to be opened or broken?	☐Yes ☐No ☐Not Applicable
Is the unit locked?	☐Yes ☐No ☐Not Applicable
Are items brought in by visitors searched?	☐Yes ☐No ☐Not Applicable
Are items such as belts, shoelaces, drawstrings, glass, sharps, lighters, etc. taken from patient?	☐Yes ☐No ☐Not Applicable

Are there electrical outlets in the bathroom?	☐Yes ☐No ☐Not Applicable
Are cleaning supplies closely monitored by staff or locked when not in use?	☐Yes ☐No ☐Not Applicable
Are there electrical equipment within the patient's room?	☐Yes ☐No ☐Not Applicable
Have hazards been removed and/or patient sitter advised?	☐Yes ☐No ☐Not Applicable
Please write each individual's names responsible for the completion of this assessment:	
Completed By:	☐Security ☐Safety ☐Facilities Maintenance ☐Nursing
User's Name and Signature	