

**NEWARK**

(740)-349-6535

675 Price Rd.

Newark, OH 43055

**PATASKALA**

(740) 755-4520

621 W. Broad St.

Pataskala, OH 43062

[www.lickingcohealth.org](http://www.lickingcohealth.org)

**Fall Checklist**

This Fall Checklist is only a tool to assist your business in taking action to prevent falls among your clients or customers. Please send a completed copy of the checklist to Kierstin Jay ([kjay@lickingcohealth.org](mailto:kjay@lickingcohealth.org)) or the Licking County Health Department (675 Price Rd., Newark, OH 43055 ATTN: Kierstin Jay). You will receive a follow up survey (approximately 3 questions) 3 months after you submit the checklist, which will let us know if modifications were completed.

**Section 1- General Information**

The following questions ask for general information about your business as well as contact information. The contact information will be used to contact for follow-up surveys (if needed) and to send out fall prevention education to inform you of potential fall hazards to look out for at your business. Follow-up surveys will be a couple questions inquiring if any modifications were completed and what kind.

**1. Type of Business (church, community center, restaurant, etc.):**

**2. What city or town is your business located in?**

**3. Does your business have a policy in place for fall prevention efforts?**

Yes  No

**4. Please provide the name and contact information, preferably email, of the individual to send follow-ups and education materials to. This can be the manager, owner, etc.**



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**Section 2- Floors**

The following questions ask about the flooring and walkways inside of your business for the potential presence of fall hazards. Please answer the questions to the best of your ability.

<b>Are the pathways within the store clear and spacious (enough for a walker)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the rugs/mats in the store secured to the floor?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Are there exposed cords/wires on the floors where customers will walk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the floors in good condition?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have a wet floor sign for the walkways?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have a policy, rule, or procedure established for promptly cleaning up spills?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I would like to have one.	
<b>Any comments regarding the questions above:</b>		

**Section 3- Stairs**

The following questions ask about the stairs inside of your business for the potential presence of fall hazards. Please answer the questions to the best of your ability. If your business does not have stairs, you may skip this section but please state so in the comment section.

<b>Are the stairs clear of objects/clutter?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the stairs in good condition (not broken, loose, uneven, etc.)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are the stairs well lit?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do the stairs have proper tread on them?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do your stairs have carpet/rugs on them?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, are they secured to the stairs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do the stairs have handrails?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, are the handrails sturdy and in good condition?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Any comments regarding the questions above:</b>		

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The following questions ask about the bathroom inside of your business for the potential presence of fall hazards. Please answer the questions to the best of your ability. If your business does not have a bathroom, you may skip this section but please state so in the comment section.

<b>Is the bathroom well lit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are the floors clear and clean of clutter, spills, etc.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the bathroom floor in good condition (even floor, no loose or broken tiles/boards, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there any mats in the bathroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, are the mats secured to the floor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there grab bars near the toilet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a wet floor sign for the bathroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a policy, rule, or procedure established for promptly cleaning up spills in the bathroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I would like to have one.
<b>Any comments regarding the questions above:</b>     

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The following questions ask about the exterior or outside of your business for the potential presence of fall hazards. Please answer the questions to the best of your ability.

**Is the sidewalk or area in front of your business door clear of clutter or weather (snow, leavers, etc.)?**  Yes  No

**Is there a mat/rug in front of your entrance outside?**  Yes  No

If yes, is it secured (not loose)?  Yes  No

**Is the sidewalk outside of your business in good condition (no large cracks, even, etc.)?**  Yes  No

**Are there steps to enter your business?**  Yes  No

**If yes, are they in good condition (even, no broken or loose steps)?**

Yes  No

**Are there handrails lining the steps?**  Yes  No

If yes, are the handrails sturdy and in good condition?  Yes  No

**Is your front entrance adequately lit?**  Yes  No

**Any comments regarding the questions above:**

**Additional comments:**