

# Sample Hazard/Injury Log Form

Beneficiary: \_\_\_\_\_

Case Number: \_\_\_\_\_

If you chose not to keep a daily log as shown above, you can use this form to help you document a beneficiary's behaviors that puts the recipient in danger or creates a risk of injury. This chart may not contain all examples of a recipient's dangerous behaviors. You should modify this chart to reflect the recipient's behaviors.

| Dangerous Behavior  | Would behavior happen if the recipient is not watched 24/7?   | Dates of each Occurrence | DESCRIPTION |
|---|---|--------------------------|-------------|
| Wanders out of the house and gets lost.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |
| Allows strangers to enter the home.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |
| Unaware of the danger of strangers.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |
| Turns the stove on and forgets to turn off.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |
| Places hands or other body parts or other inappropriate items near or on the stove. | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |
| Starts fires in the microwave or around the house.                                  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                          |             |

|  |   |  |  |
|--|---|--|--|
| Eats dangerous products, or unhealthy foods (for example soap).                            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Eat foods inappropriate for medical conditions (e.g., unlimited sugary sodas if diabetic). | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Inserts dangerous objects into throat/ears/nose.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Does not properly chew food or drinks or chokes when eating or drinking.                   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Hits their head, mouth or chin, or bites or scratches themselves                           | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Uses knives or other household items in an unsafe manner.                                  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Climbs or jumps from high places or at risk of falling and/or hitting head.                | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Hides in dangerous areas (e.g., refrigerator, oven).                                       | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Puts objects into electrical outlets or fixtures.  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Puts hands in unhygienic areas (e.g., toilet bowl, trash, dirty diapers).                  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Wanders around streets or parking lots without regard for traffic/cars.                    | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |

|   |   |  |  |
|---|---|--|--|
| Jumps into the pool without knowing how to swim.  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Walks when it is not safe to do so without assistance.  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Moves heavy, dangerous or delicate objects without strength/balance.  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Hides if has a need to urinate or defecate.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Plays with feces.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Hits glass, mirrors, televisions, etc.  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Stands or sits on glass tables.   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |
| Wakes up in the middle of the night/needs to be supervised during the night to prevent elopement or hurting self in the home. | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |  |  |

What about adding one for soiling clothes with urine or feces