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: ☐ No: ☐		
Allows strangers to enter the home.	Yes: ☐ No: ☐		
Unaware of the danger of strangers.	Yes: ☐ No: ☐		
Turns the stove on and forgets to turn off.	Yes: ☐ No: ☐		
Places hands or other body parts or other inappropriate items near or on the stove.	Yes: ☐ No: ☐		
Starts fires in the microwave or around the house.	Yes: ☐ No: ☐		

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

Jumps into the pool without knowing how to swim.	Yes: ☐ No: ☐		
Walks when it is not safe to do so without assistance.	Yes: ☐ No: ☐		
Moves heavy, dangerous or delicate objects without strength/balance.	Yes: ☐ No: ☐		
Hides if has a need to urinate or defecate.	Yes: ☐ No: ☐		
Plays with feces.	Yes: ☐ No: ☐		
Hits glass, mirrors, televisions, etc.	Yes: ☐ No: ☐		
Stands or sits on glass tables.	Yes: ☐ No: ☐		
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: ☐ No: ☐		