

Community and Ambulatory Care Environmental Checklist for Falls Prevention

Documentation of Action

List all “no” responses for the Community and Ambulatory Care Environmental Checklist for Falls Prevention checklist and outline the action you have taken to address these falls risk hazards in your facility.

Question #: _____

Action: _____

Question #: _____

Action: _____

Question #: _____

Action: _____

Make additional copies of this form as required.

