

# Home Accident Prevention Inventory—HAPI

## Assessment Form

Parent \_\_\_\_\_ Child \_\_\_\_\_ Provider \_\_\_\_\_

Child's Reach \_\_\_\_\_ Child's Eye-level \_\_\_\_\_

Room \_\_\_\_\_ Session # \_\_\_\_\_ Date \_\_\_\_\_

Assessment    Baseline    Training    End of Module                      Assessment Type    Formal    Informal

POISON	Hazard item (count)	Total
Beauty products		
Medications		
Cleaning products		
Paints, solvents, etc.		
Pesticides, herbicide, etc.		
Poisonous plants		
Alcoholic beverages		
Tobacco, THC, or nicotine		

CHOKES	Hazard item (count)	Total
Small objects (e.g., toys, candies, push pins, etc.)		

SUFFOCATION	Hazard item (count)	Total
Cords		
Plastics		
Sleep hazards [infant homes]		

DROWNING	Hazard item (count)	Total
Standing water in basins		
Unsecured toilet		

RDS = Removed During Session

HW = Homework for Parent to Complete

Parent \_\_\_\_\_

Room \_\_\_\_\_

Date \_\_\_\_\_

<b>FIRE/ELECTRICAL</b>	<b>Hazard item (count)</b>	<b>Total</b>
Combustibles		
Fireplaces without screens		
Outlet/switch without plate/safety cover		
Appliances without covers		
Damaged electrical cords/plugs		

<b>FALL/ACTIVITY RESTRICTION</b>	<b>Hazard item (count)</b>	<b>Total</b>
Balcony/porch/loft		
Steps		
Windows		
Objects in walkway		
Activity restriction		

<b>SHARP OBJECT</b>	<b>Hazard item (count)</b>	<b>Total</b>
Knives, scissors, corkscrews, vegetable peelers, etc.		

<b>FIREARM</b>	<b>Hazard item (count)</b>	<b>Total</b>
Guns, rifles, BB guns, etc.		

<b>CRUSH</b>	<b>Hazard item (count)</b>	<b>Total</b>
Objects over 10 pounds (e.g., TV, bookshelf, boxes, etc.)		

<b>ALLERGEN/ORGANIC</b>	<b>Hazard item (count)</b>	<b>Total</b>
Air allergens (e.g., smoke, dust)		
Decaying food/dirty dishes		
Evidence of infestation		

**TOTAL HAZARDS:** \_\_\_\_\_

**Progress**    *In Progress*    *Success*    *Mastery*  
 Circle one

**Notes**