IHSS Protective Supervision Hazard/Injury Log

Name of IHSS recipient/applicant _____

Case Number _____

Risk of Injury or Harm Activities	Would this happen if you were not watching this person 7 days a week, 24-hour a day? Would they do:	Dates of Occurrence if this has happened?	Comments
Escaping house	Yes ☐ No ☐		
Wandering away	Yes ☐ No ☐		
Getting lost and not knowing how to get back to safety (home, school, day care, etc.)	Yes ☐ No ☐		
Letting strangers in the house	Yes ☐ No ☐		
Turning the stove on and forgetting to turn it off	Yes ☐ No ☐		
Starting fires in the microwave	Yes ☐ No ☐		
Lighting small fires around the home	Yes ☐ No ☐		
Leaving water running	Yes ☐ No ☐		
Eating dangerous products or non-food items, like soap or laundry detergent	Yes ☐ No ☐		
Eating inappropriate food for medical condition. For example: drinking unlimited soda when a person has diabetes	Yes ☐ No ☐		
Head banging, self-biting and scratching	Yes ☐ No ☐		
Using knives or other unsafe objects inappropriately.	Yes ☐ No ☐		
Climbing onto a high place and jumping	Yes ☐ No ☐		
Hiding in the refrigerator	Yes ☐ No ☐		

Sticking items in light socket or electrical outlet	Yes ☐ No ☐		
Sticking hands in dirty toilet	Yes ☐ No ☐		
Wandering into the street without regard for oncoming traffic	Yes ☐ No ☐		
Jumping into a pod of water without knowing how to swim	Yes ☐ No ☐		
Trying to move furniture when the individual lacks needed balance and strength	Yes ☐ No ☐		
Using a SOS pads or non-cloth scrubbers to bathe and clean himself or herself	Yes ☐ No ☐		
Trying to walk when it is unsafe to walk unassisted	Yes No		
Hiding dirty diapers	Yes ☐ No ☐		
Playing with feces	Yes ☐ No ☐		
Hitting mirrors, television, window	Yes ☐ No ☐		
Standing/sitting on glass table	Yes ☐ No ☐		

DECLARARTION OF _____

I am a resident of_____County, State of California and I declare under the penalty of perjury that the information provided above is true and correct.

I have known _____for about _____ years and _____ month., I visit them about _____ times a __week___month. I have personal knowledge that if _____ behaviors that required 7 days, 24 hours protective supervisions to make sure _____ does not incur injury or an accident that can harm _____.

SIGNATURE OF DECLARANT:	NAME OF DECLARANT	DATE:
ADDRESS:	CITY/ZIP	TELEPHONE: ( )