

Check-list for preventing home injuries

ADULTS

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you have emergency numbers close at hand by the telephone | | |
| - general emergency number (112)? | <input type="checkbox"/> | <input type="checkbox"/> |
| - police (10022)? | <input type="checkbox"/> | <input type="checkbox"/> |

Injuries in connection with housework

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you keep household chemicals in their original packages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you know the warning signs and instructions for use of chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the household tools in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a stable household ladder at home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the lighting sufficient? | <input type="checkbox"/> | <input type="checkbox"/> |

Fire- and electricity-related injuries

- | | | |
|---|--------------------------|--------------------------|
| 1. Is there a fire detector in your apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| - is it correctly placed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there fire-extinguishing equipment in your apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you arranged the drying of laundry in a safe way? | <input type="checkbox"/> | <input type="checkbox"/> |
| (not above the sauna stove or near a heating appliance)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the wall sockets and electric wires in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the electric appliances in your apartment | | |
| - in compliance with regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| - in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| - are the safety instructions and instructions for use readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you smoke in bed? | <input type="checkbox"/> | <input type="checkbox"/> |

Falling accidents outdoors

- | | | |
|---|--------------------------|--------------------------|
| 1. Are streets and courtyards sanded in winter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the outdoor lightning sufficient? | <input type="checkbox"/> | <input type="checkbox"/> |

Road accidents

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you use the safety belt when driving/riding in a car? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use a protective helmet when cycling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use a life jacket when in a boat? | <input type="checkbox"/> | <input type="checkbox"/> |

First aid

- | | | |
|---|--------------------------|--------------------------|
| Do you have adequate first aid equipment at home? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

This check-list and further information about preventing home accidents - www.kotitapaturma.fi

Ministry of Social Affairs and Health
National Public Health Institute
Federation Of Finnish Insurance Companies
Finnish Central Organization For Rescue Services

Ministry Of The Interior
Finnish Centre For Health Promotion
Red Cross



HOME ACCIDENTS PREVENTION CAMPAIGN