EVALUATION FOR OPERATION OF COOKING APPLIANCES

RESIDENT NAME: ___________________________ EVALUATION TYPE: Initial    Routine    Other (Circle One)

Instructions: Review with the resident the “interview” content below, noting answers/observations as applicable. Record details if the resident is unable to respond appropriately or to include other information/sources related to this evaluation.

**INTERVIEW** the resident about the following:

1) Does the resident routinely use one of the following? (circle all that apply) Microwave, Stove Top, Oven, Other
2) If no – remove, unplug or disconnect the appliance and update service plan. Have resident sign the bottom portion (ATTESTATION) indicating they will not use, and do not wish to use, the appliance. No other questions need to be reviewed.
3) If yes. Will the resident be operating the appliance independently? Yes/No
4) If no. List who will help, how and when and update the service plan and have the resident sign the bottom portion (ATTESTATION) indicating they will not use, and do not wish to use, the appliance independently. No other questions need to be reviewed.
5) Does the resident have any medical/physical condition that would affect the ability to operate the appliance safely? Yes / No
   a. If yes: Circle all that apply: Impaired Vision/ other/specify __________________________
6) Can the resident state the purpose of the appliance – what it is used for and how to use it? Can the resident demonstrate operating the equipment? (have them put something in the microwave and push 1 (one) minute etc.)

Ask how long and what temp/time certain food items would be cooked for. Document your question and their answers below. (Pop Corn, Soup, cup of Coffee etc.)

Food/drink item ___________________ resident response __________________________

Food/drink item ___________________ resident response __________________________

Food/drink item ___________________ resident response __________________________

Can the resident keep cook top safe and free from storage items? Yes/No

Does the resident share an apartment with another resident who cannot operate appliance safely? Yes/No

Can the resident demonstrate what they would do if they did not know how long or at what temperature to cook something?

Have there been any previous cooking incidents? __________________________

________________________________________________________________________

**Attestation:** I understand that my appliances will be disabled, removed, or not available for use. I do not wish to operate the above circled appliances and if I do wish to operate them I will request help from the staff.

Resident/Responsible Party Signature:_________________________________________ Date:____________________

Evaluator Signature:________________________________________ Safe to operate ____________ Not safe to operate ____________

Keep the most current completed evaluation form behind the resident’s current service plan; move any prior form to the resident’s health record (under the tab for “assessments”). **NOTE:** Whenever a resident has been able to operate safe appliances in the past but indicates during this evaluation that he or she may no longer be able to operate the appliance(s) safely, the interviewer must notify appropriate staff in the community, the resident’s responsible party, and the physician/prescriber.