

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION**



Immediate Safety Assessment & Monitoring Form

Purpose of this assessment: To assure that people who continue to live or work in a setting where another person has died, suddenly or unexpectedly, are safe and free from harm.

Objective of this assessment: To determine apparent risk factors associated with a sudden/unexpected death and assure that actions are taken to eliminate all apparent risk factors.

Name of Deceased: _____

Address: _____

Type of Sudden/Unexpected Death (check as applicable):

- Death that was not expected or anticipated according to any previously known terminal medical diagnosis
- Death that was the result of an accident (e.g., car accident, fall, choking, etc.), even if the person has a known terminal condition
- Death that was due to a suspected/alleged homicide or suicide
- Death suspected or alleged to be due to abuse or neglect Yes

Location of Death: _____

Date and time of Death: _____

Date and time DDS/DDA was notified of Death: _____

Name of Safety Assessment Monitor: _____

Date and time of this Assessment: _____

