

## HEALTHCARE SAFETY INSPECTION

**Facility/Location:** \_\_\_\_\_

**Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OPERATING ROOM	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Has a designated safety person been appointed to oversee OR safety issues?					
2. Do employees receive safety training at the time of hire and annually thereafter?					
3. Is the safety manual available to all employees on all shifts?					
4. Floors are free of tripping hazards and well maintained?					
5. Floors of the operating rooms are covered with an approved conductive material and tested regularly for conductivity?					
6. Are aisles free of trash and other debris and work areas maintained in an orderly manner?					
7. Suction lines and cords are laid to minimize tripping?					
8. Storage no more than 24" from the ceiling and 18" from a sprinkler head?					
9. Computer areas ergonomically set up? a) Adjustable keyboards and screen? b) Glare on screens reduced? c) Adjustable chair? d) Phones with head sets, if applicable.					

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10. Adequate lighting in all areas of operation?					
11. Humidity and temperature is monitored and maintained at appropriate levels?					
12. Air exchange is at least 25 exchanges per hour?					
13. The volume of anesthetic gases used is properly noted, and records analyzed for leakage?					
14. Stable stool and ladders with safety treads available to reach files on higher shelves.					
15. Heavy boxes and supplies stored on lower shelves?					
16. Hazard Communication Program & MSDS training is complete?					
17. Are the MSDS accessible to employees during all working hours?					
18. Is there a list of carcinogens?					
19. Are incompatible chemicals stored separately (reference MSDS)?					
20. Separate collection containers are used for glass, empty ether cans, aerosol cans, disposables, etc. that will not be incinerated?					
21. Flammable anesthetics are stored in separate, fire-resistant locations that are vented to the outside?					
22. Are chemical spill kits/materials maintained, identified for proper signage and available for use?					

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23. Have employees been trained in spill clean up procedures, including mercury and formaldehyde if applicable?					
24. With regard to other potentially toxic substances, is there periodic monitoring of the employee's breathing zone to assure compliance with PEL's and ceiling limits; where are these records kept?					
25. Bloodborne Pathogen written program available, current and reviewed within the last year?					
26. Has a personal protective equipment assessment been completed and documented?					
27. Do employees wear safety glasses with side shields (or goggles) in case of splash hazards.					
28. Do employees wear approved garments while in the work area?					
29. Are garments and gloves removed before leaving the work area and hands washed?					
30. Have employees been trained in the use of Personal Protective Equipment?					
31. Needles and sharps are handled in appropriate manner?					
32. Sponges, sharps and instruments are counted before and after open procedures?					
33. Sharps containers available and disposed of when three-fourths full?					
34. Are soiled linens examined for foreign objects before removal to laundry (instruments, pins, needles, sharps, etc.)?					

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35. All sterile supplies are checked before use for outdate patency of wrapper and indication that sterilization has been completed?					
36. Have employees been trained in Universal Precautions?					
37. Employees refrain from eating, drinking, smoking, applying cosmetics, and lip balm or touching contact lenses in the work area?					
38. Are work areas disinfected with an appropriated EPA registered disinfectant at the end of each shift?					
39. Is the temp on fridges monitored weekly as well as cleaned weekly?					
40. Staff aware of location of fire alarm pull boxes, O2 shutt off and fire alarm protocol.					
41. Proper type & number of fire extinguishers available?					
42. Have the employees received fire extinguisher training, know how to respond to a fire drill, & what evacuation route to use?					
43. Are stairwells, exit doors, and emergency egresses accessible and free of obstructions?					
44. Do staff know what the acronym PASS and RACE mean?					
45. Is there a visible sign indicating the location of the eyewash above the station?					
46. Is the eyewash in reliable condition with protective caps in place and eye covers disinfected with 10% bleach?					

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47. Are eyewash preventive maintenance and routine checks well documented?					
48. Staff knows where the safety shower is located?					
49. Is all waste and potentially infectious materials disposed of properly according to federal, state and local authorities?					
50. Is all infectious waste discarded into "biohazard" labeled containers that do not leak and have solid, tight-fitting covers that are applied before transport?					
51. Light switches and cover plates in place?					
52. All electrical equipment is checked before each procedure and routinely by appropriate hospital engineering personnel?					
53. Is electrical equipment grounded with the use of the three-pronged plug, or protected by a ground-fault circuit interrupter (GFCI), and all receptacles properly wired?					
54. Are electrical circuit breakers labeled and panels kept clear within 3 feet in front of the panels?					
55. Unsafe equipment taken out of use or tagged?					
56. Are tools (hand or power) inspected regularly for defects?					
57. Are compressed gas cylinders handled appropriately to include use, storage, and transport? Hose connections are in satisfactory condition?					
58. All trash receptacles are fire rated?					

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59. Have employees been trained in proper lifting and transferring techniques?					
60. Patient is positioned to prevent any pressure areas during the procedure?					
61. Patient restraints used during procedure for patient safety?					
62. Operating table wheels and transport cart wheels are locked when transferring patient?					
63. Are Near Miss and Incident reports filled out when a hazard or event is identified?					
64. Are Good Housekeeping practices observed in all areas?					

**Management Signature** \_\_\_\_\_

**Date** \_\_\_\_\_