

HEALTHCARE SAFETY INSPECTION

Facility/Location: _____

Inspected By: _____ **Date:** _____

THERAPY DEPARTMENT	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Has a designated person been appointed to oversee therapy 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. Are aisles free of trash and other debris and work areas maintained in an orderly manner?					
6. Storage no more than 24" from the ceiling and 18" from a sprinkler head?					
7. Computer areas ergonomically set up? a) Adjustable keyboards and screen? b) Glare on screens reduced? c) Adjustable chair? d) Phones with head sets, where appropriate?					
8. Are foot, wrist and mouse rests available and utilized where appropriate?					
9. Adequate lighting in all areas of operation?					

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10. Are hot pack, cold pack, and paraffin machines running at proper temperature?					
11. Is the Hydrocollator set at 159-174° F?					
12. Stable stool and ladders with safety treads available to reach files on higher shelves.					
13. Heavy boxes and supplies stored on lower shelves?					
14. Hazard Communication Program & MSDS training is complete?					
15. Are the MSDS accessible to employees during all working hours?					
16. Are chemical spill kits/materials maintained, identified for proper signage, and available for use?					
17. Bloodborne Pathogen written program available, current and reviewed within the last year?					
18. Has a personal protective equipment assessment been completed and documented?					
19. Have employees been trained in the use of Personal Protective Equipment?					
20. Sharps containers available and disposed of when three-fourths full?					
21. Have employees been trained in Standard Precautions (Universal Precautions)?					
22. Employees refrain from eating, drinking, smoking, applying cosmetics, & lip balm or touching contact lenses in the work area?					
23. Staff aware of location of fire alarm pull boxes, and fire alarm protocol.					

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24. Proper type and number of fire extinguishers available?					
25. Have the employees received fire extinguisher training, know how to respond to a fire drill & what evacuation route to use?					
26. Are stairwells, exit doors and emergency egresses accessible as well as free of obstructions?					
27. Is all waste and potentially infectious materials disposed of properly according to federal, state and local authorities?					
28. Is all infectious waste discarded into "biohazard" labeled containers that do not leak and have solid, tight-fitting covers that are applied before transport?					
29. Are extension cords used?					
30. Is an annual inspection of electrical outlets, polarity and pin tests done by maintenance personnel?					
31. Light switches and cover plates in place?					
32. 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?					
33. Are electrical circuit breakers labeled and panels kept clear within 3 feet in front of the panels?					
34. Unsafe equipment taken out of use or tagged?					

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35. Equipment properly secured to wall, floor, etc? a) Parallel bars/grab bars/wall rails? b) Fold down mat tables/walls pulleys?					
38. All trash receptacles are fire rated?					
39. Are Near Miss and Incident reports filled out when a hazard or event is identified?					
40. Non-slip shoes worn?					
41. Have employees been trained in proper lifting and transferring techniques?					
42. Refrigerator/freezer on maintenance cleaning schedule?					
43. Lockout in place on stove?					
44. Are Good Housekeeping practices observed in all areas?					

Management Signature _____

Date _____