

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

BEAUTY SHOP	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. General cleanliness?					
2. Equipment free of water leaks?					
3. Floors free of cracks or holes?					
4. Clean linens kept in closed dust proof cabinet?					
5. Soiled linens kept in closed receptacle?					
6. Scissors and razors safely stored?					
7. Current operator's license displayed?					
8. Sufficient lighting in work area?					
9. Extension cords used?					
10. Electrical outlets, switches and cords in good repair?					
11. Electrical appliances (hair dryers, curling irons, etc) have current safety inspection sticker visible?					
12. Adequate ventilation?					
13. Staff trained in fire safety?					
14. Sufficient supply of combs, brushes and implements to allow for adequate disinfecting practices?					
15. Appropriate wet sanitizer used for disinfecting practices?					
16. After cleaning and disinfecting, articles stored in clean, closed cabinet until used?					
17. Material Safety Data Sheets (MSDS) available for required products & training complete?					
18. Electrical outlets within 6 ft. of water source must be ground fault circuit protected?					
19. Ergonomic issues addressed (repetitive motion/prolonged posture)?					
20.					
21.					
22.					

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23.					
24.					

Management Signature _____ **Date** _____