

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____

Date: _____

HOUSEKEEPING	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Employees instructed on proper lifting procedures?					
2. Employees exercise safe work habits? a) Includes daily stretching exercises?					
3. Floors: a) Are spills wiped up immediately? b) Are "Wet Floor" signs used and removed in a timely manner? c) Always a dry passage maintained when mopping?					
4. Fire Safety: a) Waste kept in non-flammable containers? b) Cleaning rags kept in covered metal container? c) Paper and other combustible materials disposed of promptly? d) Ashtrays emptied into container with non-flammable materials?					
5. Equipment Safety: a) Buckets and tubs in good repair? b) Vacuum cleaners, buffers, and scrubbers in good repair? c) Ladders and stools are solid and equipped with safety feet? d) Are tools and carts placed to prevent interference? e) Carts locked when in resident areas? f) Cart keys controlled? g) Carts roll freely? h) Right tools for the job?					
6. Personal Protective Equipment: a) Safety glasses/goggles					

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provided? b) Gloves provided? c) Bloodborne Pathogens Kit? d) Protective gear for corrosives? e) Hearing protection where needed?					
7. Is there a quick water flush facility available for employees exposed to corrosive materials?					
8. MSDS's available for all hazardous chemicals & training completed?					
9. Hazardous chemicals labeled and safely stored?					
10. Electrical Safety: a) Electrical tools properly grounded? b) Electrical cords, extensions, and plugs in good repair?					
11.					
12.					
13.					
14.					

Management Signature _____ **Date** _____