

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

INTERIOR – GENERAL	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Floor surfaces clean and free of crack and holes?					
2. Hallways and corridors cluttered?					
3. Four-foot clear path maintained?					
4. All carts kept on same side of hall?					
5. Fire doors unobstructed?					
6. No slipping or tripping hazards?					
7. Handrails secure?					
8. Smoking policy posted and enforced?					
9. Current fire plan maps posted?					
10. Grab bars in place?					
11. Safety strips/non-skid surface in baths?					
12. Tub lifts operable?					
13. Adequate lighting?					
14. Room furnishings safely arranged?					
15. Chemicals kept locked?					
16. Hazardous areas kept locked?					
17. Warning signs used in hazardous areas?					
18. Employees instructed in fire prevention?					
19. Regulated medical waste storage areas labeled "Biohazard"?					
20. Caution signs posted where microwaves are in use?					
21. Microwave kept clean??					
22. Eyewashes inspected weekly?					
23. Are fire exits marked and kept clear?					
24. Are fire extinguishers accessible with current inspection tags?					
25. Lifting equipment is available?					
26. Explosion proof fixtures in designated areas?					
27. Elevators maintained in good repair?					
28. Lockout in place on stoves?					

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29. Breaker Boxes marked and clear?					
30. Hazard Communications Program & MSDS training is complete?					
31.					
32.					

Management Signature _____ **Date** _____