

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

MAINTENANCE	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Employees lifting properly?					
2. Work areas clean and orderly?					
3. Aisles and exits kept clear?					
4. All electrical machines in good repair?					
5. All electric plugs, switches, outlets and cords in good repair?					
6. Only three wire cords or double insulated tools used?					
7. Emergency power generators tested, ready to use?					
8. Three-foot clearance maintained around the electrical control panel?					
9. Breakers clean and labeled?					
10. Blanks placed in electrical panels?					
11. Panels labeled appropriately on outside?					
12. Panel doors kept closed and locked?					
13. Safe storage of combustible materials?					
14. Hazardous materials labeled and safely stored?					
15. Material Safety Data Sheets (MSDS) available & training completed?					
16. Lockout/tagout program is in place?					
17. GFCI provided on outlets located within six feet of water source?					
18. Gas cylinders kept clear of heat sources (steam pipes, radiators, direct sunlight)?					
19. Cleaning rags kept in covered metal receptacle?					
20. Filters and ducts clean?					
21. Extinguishers inspected, tagged and charged?					
22. Fire extinguishers of proper size and type?					

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23. Fire alarm systems frequently tested?					
24. Fire escapes and exits plainly marked?					
25. Staff trained in Universal Precautions?					
26. Prompt response to safety repair request?					
27. Paint and flammable liquids stored in storage lockers?					
28. Ladders in good repair and stored properly?					
29. Light bulbs correct size and type for job?					
30. Call light system monitored and working?					
31. Are regular maintenance checks done on all equipment?					
32. Heating system checked regularly?					
33. Doors to boiler or storage rooms locked?					
34. Confined space program in place?					
35. Sidewalks kept free of snow and ice in winter?					
36. Branches which may be dangerous are cut from trees and debris cleared after storms?					
37. Ergonomic issues addressed (repetitive motion/prolonged posture)?					
38. Personal Protective Equipment (PPE) available? (Goggles, gloves, aprons, etc)					
39. Fall protection in place for roof and cooling tower work?					
40. Boiler procedures in place?					
41.					
42.					
43.					

Management Signature _____ **Date** _____