

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

NURSING DEPARTMENT	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Back Safety: a) Employees lifting properly? b) Employees using assist devices? c) Performing team lifts? d) Taking breaks & breaking up tasks?					
2. Floor safety: a) All floor surfaces free of cracks? b) Floors clean and treated with non-slip materials? c) Hallways kept clear, and carts on one side? d) "Wet Floor" signs used and removed in a timely manner? e) Spills cleaned up immediately?					
3. Windows: a) Windows in good repair? b) 6" opening stops in place?					
4. Drawers and doors closed?					
5. Pathways clear and unobstructed?					
6. Bathroom safe?					
7. Sharps containers stored and used properly?					
8. Carts maintained and move easily?					
9. Soiled linens examined for foreign objects before removal to laundry?					
10. Resident food trays safely handled?					
11. Hazardous materials safely stored?					
12. Material Safety Data Sheets (MSDS) available & training completed?					
13. Proper oxygen procedures understood and followed?					
14. "Oxygen In Use" signs posted?					
15. Med carts kept locked??					
16. Staff trained in Universal					

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Precautions?					
17. Ergonomic issues addressed (repetitive motion/prolonged posture)?					
18. Personal Protective Equipment (PPE) available?					
19.					
20.					

Management Signature _____ **Date** _____