

## NURSING HOME SAFETY INSPECTION

**Nursing Home:** \_\_\_\_\_

**Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STORAGE AREA	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Adequate illumination?					
2. 18" clearance maintained from sprinkler head?					
3. Area clear of prohibited items (combustibles)?					
4. Items stacked neatly?					
5. Heavy objects below eye level?					
6. Any bulged or dented cans?					
7. Areas uncluttered?					
8. Overhead items secure?					
9. Aisles clear?					
10. Door closer operable? a) Positive latch?					
11. Chemical storage locked?					
12. MSDS's available & training completed?					
13. Items not stored on the floor?					
14. Sprinklers, fire alarms, extinguishers unobstructed?					
15. All exits visible, marked and unobstructed?					
16.					
17.					

**Management Signature** \_\_\_\_\_ **Date** \_\_\_\_\_