

HEALTHCARE SAFETY INSPECTION

Facility/Location: _____

Inspected By: _____

Date: _____

LABORATORY DEPARTMENT	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Has a designated safety officer been appointed to oversee laboratory safety issues?					
2. Do employees receive safety training at the time of hire and annually thereafter?					
3. Is the safety manual available to all employees on all shifts?					
4. The lab is locked when lab personnel are not in the building?					
5. Floors are free of tripping hazards and well maintained?					
6. Are floors cleaned and wax stripped regularly to prevent paraffin buildup?					
7. Are aisles free of trash and other debris and work areas maintained in an orderly manner?					
8. Storage no more than 24" from the ceiling and 18" from a sprinkler head?					
9. Trash is removed at least daily.					
10. Computer areas ergonomically set up? a) Adjustable keyboards and screen? b) Glare on screens reduced? c) Adjustable chair? d) Phones with head sets, when appropriate?					
11. Are foot, wrist, and mouse rests available and utilized where appropriate?					

12. Stable stool and ladders with safety treads available to reach files on higher shelves.					
13. Heavy boxes and supplies stored on lower shelves?					
14. Hazard Communication Program & MSDS training is complete?					
15. Are the MSDS accessible to employees during all working hours?					
16. Is there a list of carcinogens?					
17. Are flammable or toxic chemicals kept in closed containers when not in use?					
18. Are chemicals stored away from heat, sunlight or reactive substances?					
19. Are incompatible chemicals stored separately (reference MSDS)?					
20. Are working supplies of chemicals limited to one gallon per 100 sq. ft?					
21. Are chemical spill kits/materials maintained, identified for proper signage and available for use?					
22. Have employees been trained in spill clean up procedures, including mercury and formaldehyde if applicable?					
23. With regard to other potentially toxic substances, is there periodic monitoring of the employee's breathing zone to assure compliance with PEL's and ceiling limits; where are these records kept?					
25. Are all safety cabinets vented to the outside?					
26. Are all hoods in working condition and certified annually?					

27. Is the face velocity of a hood maintained at 100 fpm?					
28. Is storage in hoods limited so that the ventilation is not obstructed?					
29. Are loads in centrifuges balanced?					
30. Do employees wear safety glasses with side shields (or goggles) in case of splash hazards.					
31. Bloodborne Pathogen written program available, current and reviewed within the last year?					
32. Has a personal protective equipment assessment been completed and documented?					
33. Do employees wear fluid-resistant, full-length lab coats or cover gowns with long sleeves, knitted cuffs and closed in the front while in the work area?					
34. Are lab coats and gloves removed before leaving the work area and hands washed?					
35. Have employees been trained in the use of Personal Protective Equipment?					
36. Sharps containers available and disposed of when three-fourths full?					
37. Have employees been trained in Standard Precautions (Universal Precautions)?					
38. Employees refrain from eating, drinking, smoking, applying cosmetics, & lip balm or touching contact lenses in the work area?					
39. Are workstations disinfected with an appropriated EPA registered disinfectant at the end of each shift?					
40. Is the temp on fridges monitored weekly as well as cleaned weekly?					
41. Staff aware of location of fire alarm pull boxes, and fire alarm protocol.					

42. Proper type and number of fire extinguishers available?					
43. Have the employees received fire extinguisher training, know how to respond to a fire drill & what evacuation route to use?					
44. Are stairwells, exit doors, & emergency egresses accessible and free of obstructions?					
45. Do staff know what the acronym PASS and RACE mean?					
46. Is there a visible sign indicating the location of the eyewash above the station?					
47. Is the eyewash in reliable condition with protective caps in place and eye covers disinfected with 10% bleach?					
48. Are eyewash preventive maintenance and routine checks well documented?					
49. Staff knows where the safety shower is located?					
50. Is all waste and potentially infectious materials disposed of properly according to federal, state and local authorities?					
51. Is all infectious waste discarded into "biohazard" labeled containers that do not leak and have solid, tight-fitting covers that are applied before transport?					
52. Light switches and cover plates in place?					
53. Is electrical equipment grounded with the use of the three-pronged plug, or protected by a ground-fault circuit interrupter (GFCI), and all receptacles properly wired?					
54. Are electrical circuit breakers labeled and panels kept clear within 3 feet in front of the panels?					
55. Unsafe equipment taken out of use or tagged?					

56. All compressed gas cylinders are chained and stored in upright position and personnel have been instructed in the use of carriers to transport cylinders. Hose connections are in satisfactory condition.					
57. All trash receptacles are fire rated?					
58. Are Near Miss and Incident reports filled out when a hazard or event is identified?					
59. Have employees been trained in proper lifting techniques?					
60. Check equipment for damage or wear, and inspect glassware for chips and cracks before you use it.					
61. Are Good Housekeeping practices observed in all areas?					

Management Signature _____

Date _____