

HEALTHCARE SAFETY INSPECTION

Facility/Location: _____

Inspected By: _____

Date: _____

PHARMACY DEPARTMENT	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Has a designated person been appointed to oversee pharmacy 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 pharmacy area is locked when not occupied and only authorized personnel allowed in the pharmacy?					
5. Floors are free of tripping hazards and well maintained?					
6. Are aisles free of trash and other debris and work areas maintained in an orderly manner?					
7. Storage no more than 24" from the ceiling and 18" from a sprinkler heads?					
8. Storage area clean, orderly, and well arranged?					
9. Computer areas ergonomically set up? a) Adjustable keyboards and screen? b) Glare on screens reduced? c) Adjustable chair? d) Phones with head sets, where appropriate?					

10. Are foot, wrist, and mouse rests available and utilized, where appropriate?					
11. Adequate lighting and ventilation in all areas of operation?					
12. Stable stool and ladders with safety treads available to reach 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 chemical spill kits/materials maintained, identified for proper signage and available for use?					
21. Have employees been trained in spill clean up procedures, including mercury and formaldehyde if applicable?					
22. Hand washing facilities with disinfectant soap and water conveniently located?					
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?					

24. Are external medications separated from internal?					
25. Are monthly medication area audits done and documented?					
26. Are all safety cabinets vented to the outside?					
27. Are all hoods in working condition and certified annually?					
28. Are refrigerator and laminar flow hood motors clean, lint free, and well ventilated?					
29. Is a culture taken monthly of the laminar flow hood and regularly inspected and serviced and documents kept?					
30. Is storage in hoods limited so that the ventilation is not obstructed?					
31. Are refrigeration and room temperature records kept?					
32. Do employees wear safety glasses with side shields (or goggles) in case of splash hazards.					
33. Bloodborne Pathogen written program available, current and reviewed within the last year?					
34. Has a personal protective equipment assessment been completed and documented?					
35. Do employees wear fluid-resistant, fulllength lab coats or cover gowns with long sleeves, knitted cuffs and closed in the front while in the work area?					
36. Are lab coats and gloves removed before leaving the work area and hands washed?					

37. Have employees been trained in the use of Personal Protective Equipment?					
38. Sharps containers available and disposed of when three-fourths full?					
39. Have employees been trained in Standard Precautions (Universal Precautions)?					
40. Employees refrain from eating, drinking, smoking, applying cosmetics, & lip balm or touching contact lenses in the work area?					
41. Are workstations disinfected with an appropriated EPA registered disinfectant at the end of each shift?					
42. Staff aware of location of fire alarm pull boxes, and fire alarm protocol.					
43. Proper type and number of fire extinguishers available?					
44. Have the employees received fire extinguisher training, know how to respond to a fire drill, and what evacuation route to use?					
45. Are stairwells, exit doors and emergency egresses accessible as well as free of obstructions?					
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 & panels kept clear within 3 ft in front of the panels?					
55. Unsafe equipment taken out of use or tagged?					
56. Wheeled equipment in good repair?					
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 and handling techniques?					
60. Check equipment for damage or wear, & inspect glassware for chips & cracks before you use it.					
61. Are Good Housekeeping practices observed in all areas?					

Management Signature _____

Date _____