

HEALTHCARE SAFETY INSPECTION

Facility/Location: _____

Inspected By: _____

Date: _____

RADIOLOGY DEPARTMENT	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Has a designated safety officer been appointed to oversee radiation safety and meet training and education requirements?					
2. Has a Radiation Safety Committee been established and meet at least quarterly?					
3. Do employees receive safety training at the time of hire and annually thereafter?					
4. Is the safety manual available to all employees on all shifts?					
5. Only authorized personnel allowed in xray and other radiation source rooms?					
6. Rooms and areas housing radiation sources are properly posted with required signage?					
7. Required recordkeeping maintained?					
8. Floors are free of tripping hazards and well maintained?					
9. Are aisles free of trash and other debris and work areas maintained in an orderly manner?					
10. Storage no more than 24" from the ceiling and 18" from a sprinkler head?					

11. 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?					
12. Are foot, wrist, and mouse rests available and utilized, where appropriate?					
13. Adequate lighting, and ventilation in all areas of operation?					
14. Stable stool and ladders with safety treads available to reach files on higher shelves.					
15. Heavy boxes and supplies stored on lower shelves?					
16. Hazard Communication Program & MSDS training is complete?					
17. Are the MSDS accessible to employees during all working hours?					
18. Is there a list of carcinogens?					
19. Are incompatible chemicals stored separately (reference MSDS)?					
20. Drug box lock is intact, and expiration of drugs has been reviewed?					
21. All use of radioactive material is conducted in a safe manner and in accordance with NRC regulations and the conditions of the license?					
22. Are chemical spill kits/materials maintained, identified for proper signage and available for use?					
23. Have employees been trained in spill clean up procedures, including mercury and formaldehyde if applicable?					

24. Bloodborne Pathogen written program available, current, and reviewed within the last year?					
25. Has a personal protective equipment assessment been completed and documented?					
26. Radiation monitoring badges are worn by all personnel and devices are managed properly with monthly results available for employee reference?					
27. Patient shielding devices are readily available?					
28. Do employees wear approved garments for each procedure while in the work area (lead aprons, gloves, goggles, face shield, etc.)?					
29. All lead aprons, gloves, and shielding devices are hung properly without folds to prevent cracking and radiation leakage?					
30. Are garments and gloves removed before leaving the work area and hands washed?					
31. Have employees been trained in the use of Personal Protective Equipment?					
32. Contaminated clothing and equipment is disposed of in a proper mannner?					
33. Needles and sharps are handled in appropriate manner?					
34. Sharps containers available and disposed of when three-fourths full?					
35. Exposure switches for fixed radiographic units cannot be activated with the operator outside the shielded area?					
36. Are soiled linens examined for foreign objects before removal to laundry (instruments, pins, needles, sharps, etc.)?					

37. Have employees been trained in Standard Precautions (Universal Precautions)?					
38. Employees refrain from eating, drinking, smoking, applying cosmetics, and lip balm or manipulating contact lenses in the work area?					
39. Is the temp on fridges monitored weekly as well as cleaned weekly?					
40. Staff aware of location of fire alarm pull boxes, O2 shutt off, and fire alarm protocol.					
41. Proper type and number of fire extinguishers available (CO2 or dry chemical)?					
42. Have the employees received fire extinguisher training, know how to respond to a fire drill, and what evacuation route to use?					
43. Emergency plan developed in response to any radioactive accident or incident?					
44. Are stairwells, exit doors, and emergency egresses accessible as well as free of obstructions?					
45. Is there a visible sign indicating the location of the eyewash above the station?					
46. Is the eyewash in reliable condition with protective caps in place and eye covers disinfected with 10% bleach?					
47. Are eyewash preventive maintenance and routine checks well documented?					
48. Staff knows where the safety shower is located?					
49. Is all waste and potentially infectious materials disposed of properly according to federal, state and local authorities?					

50. Is all infectious waste discarded into "biohazard" labeled containers that do not leak and have solid, tight-fitting covers that are applied before transport?					
51. Light switches and cover plates in place?					
52. All main breakers shut off at night or when department is closed?					
53. All electrical equipment is checked before each procedure and routinely?					
54. 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?					
55. Are electrical circuit breakers labeled and panels kept clear within 3 ft in front of the panels?					
56. Unsafe equipment taken out of use or tagged?					
57. Are compressed gas cylinders handled appropriately to include use, storage, and transport?					
58. All trash receptacles are fire rated?					
59. Have employees been trained in proper lifting and transferring techniques?					
60. Are Near Miss and Incident reports filled out when a hazard or event is identified?					
61. Are Good Housekeeping practices observed in all areas?					

Management Signature _____

Date _____