

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ Date: _____

DIETARY	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Floor surfaces clean and free of crack and holes?					
2. Floors kept dry?					
3. Wet floor signs or non skid surfaces in wet areas, i.e. dish room?					
4. Equipment free of water leaks?					
5. Non-slip shoes are worn?					
6. Aisles clear for employees and material movement?					
7. Bulk storage area clean and organized?					
8. Electrical outlets, switches and cords in good condition?					
9. Electrical motors dirt free and well ventilated?					
10. Extension cords used?					
11. Lockout/tagout used when cleaning energized equipment?					
12. Electrical equipment grounded?					
13. Is any outlet within six feet of a water source GFCI protected?					
14. All machines guarded and secure?					
15. Slicers, cutters, processors guarded?					
16. Sharp tools handled and stored safely?					
17. Kitchen equipment clean?					
18. Sufficient lighting in all work and storage areas?					
19. Steam tables, kettles and pressure cookers in good repair?					
20. Refrigerator equipment on maintenance schedule?					
21. Emergency release functioning to open freezer from inside?					
22. Work tables substantial and of sufficient size?					
23. Are hoods, filters and vent ducts cleaned on a regular schedule?					

24. Are exhaust fans, screens and windows kept clean and free of lint?					
25. Are knives sharpened regularly and secured in drawers?					
26. Are fire exits marked and kept clear?					
27. Are employees properly trained in use of fire blanket and fire extinguishers?					
28. Is the fire extinguisher accessible with current inspection tags?					
29. Range Hood Auto Fire Extinguisher Inspected?					
30. Material Safety Data Sheets (MSDS) available & training complete?					
31. Utensils easily accessible?					
32. Are protective covers in place over garbage disposals?					
33. Personal Protective Equipment (PPE) available?					
34.					
35.					
36.					

Management Signature: _____

Date: _____