

## NURSING HOME SAFETY INSPECTION

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

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

| MAINTENANCE   | YES | NO | HAZARD | CORRECTIVE ACTION | Initial & Date |
|---|-----|----|--------|-------------------|----------------|
| 1. Employees lifting properly?  |     |    |        |                   |                |
| 2. Work areas clean and orderly?  |     |    |        |                   |                |
| 3. Aisles and exits kept clear?   |     |    |        |                   |                |
| 4. All electrical machines in good repair?  |     |    |        |                   |                |
| 5. All electric plugs, switches, outlets and cords in good repair?                      |     |    |        |                   |                |
| 6. Only three wire cords or double insulated tools used?                                |     |    |        |                   |                |
| 7. Emergency power generators tested, ready to use?                                     |     |    |        |                   |                |
| 8. Three-foot clearance maintained around the electrical control panel?                 |     |    |        |                   |                |
| 9. Breakers clean and labeled?  |     |    |        |                   |                |
| 10. Blanks placed in electrical panels?   |     |    |        |                   |                |
| 11. Panels labeled appropriately on outside?  |     |    |        |                   |                |
| 12. Panel doors kept closed and locked?   |     |    |        |                   |                |
| 13. Safe storage of combustible materials?  |     |    |        |                   |                |
| 14. Hazardous materials labeled and safely stored?                                      |     |    |        |                   |                |
| 15. Material Safety Data Sheets (MSDS) available & training completed?                  |     |    |        |                   |                |
| 16. Lockout/tagout program is in place?   |     |    |        |                   |                |
| 17. GFCI provided on outlets located within six feet of water source?                   |     |    |        |                   |                |
| 18. Gas cylinders kept clear of heat sources (steam pipes, radiators, direct sunlight)? |     |    |        |                   |                |
| 19. Cleaning rags kept in covered metal receptacle?                                     |     |    |        |                   |                |
| 20. Filters and ducts clean?  |     |    |        |                   |                |
| 21. Extinguishers inspected, tagged and charged?  |     |    |        |                   |                |
| 22. Fire extinguishers of proper size and type?   |     |    |        |                   |                |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23. Fire alarm systems frequently tested?   |  |  |  |  |  |
| 24. Fire escapes and exits plainly marked?  |  |  |  |  |  |
| 25. Staff trained in Universal Precautions?   |  |  |  |  |  |
| 26. Prompt response to safety repair request?   |  |  |  |  |  |
| 27. Paint and flammable liquids stored in storage lockers?                              |  |  |  |  |  |
| 28. Ladders in good repair and stored properly?   |  |  |  |  |  |
| 29. Light bulbs correct size and type for job?  |  |  |  |  |  |
| 30. Call light system monitored and working?  |  |  |  |  |  |
| 31. Are regular maintenance checks done on all equipment?                               |  |  |  |  |  |
| 32. Heating system checked regularly?   |  |  |  |  |  |
| 33. Doors to boiler or storage rooms locked?  |  |  |  |  |  |
| 34. Confined space program in place?  |  |  |  |  |  |
| 35. Sidewalks kept free of snow and ice in winter?                                      |  |  |  |  |  |
| 36. Branches which may be dangerous are cut from trees and debris cleared after storms? |  |  |  |  |  |
| 37. Ergonomic issues addressed (repetitive motion/prolonged posture)?                   |  |  |  |  |  |
| 38. Personal Protective Equipment (PPE) available? (Goggles, gloves, aprons, etc)       |  |  |  |  |  |
| 39. Fall protection in place for roof and cooling tower work?                           |  |  |  |  |  |
| 40. Boiler procedures in place?   |  |  |  |  |  |
| 41.   |  |  |  |  |  |
| 42.   |  |  |  |  |  |
| 43.   |  |  |  |  |  |

Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_