



NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____

Date: _____

OXYGEN STORAGE	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Storage: a) Orderly? b) Cylinders chained or secured in rack? c) Illuminated? d) Ventilated? e) Cylinders capped when not in use or in transport?					
2. Transportation Cart: a) In good working order? b) Round rubber wheels? c) Straps in good condition?					
3. Explosion proof electric fixtures?					
4. Vented to outside?					
5. No more than 2,000 cu. Ft. stored in any area not specifically designed?					
6. Room identified with signs? a) "No Smoking"? b) "No Oil – No Grease"? c) "No Combustibles Storage"?					
7. Outside door labeled "Oxygen Storage"					
8. Is administration of oxygen properly supervised?					
9.					
10.					
11.					
12.					

Management Signature: _____

Date: _____