



NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____

Date: _____

STAIRWELLS	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Doors close properly? a) Positive latch?					
2. Doors open properly?					
3. Adequately illuminated?					
4. Combustible material storage under stairs?					
5. Non-slip treads?					
6. Treads in good repair?					
7. Handrails tight and good repair?					
8. Free of obstruction?					
9. Clean?					
10. Sturdy rails on all open sides?					
11. At least 22 inches wide?					
12. Stair-tower sprinkled properly?					
13.					
14.					
15.					

Management Signature: _____

Date: _____