



NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ Date: _____

OTHER THERAPY AREA	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Are extension cords used?					
2. Electrical outlets, switches, cords in good repair/grounded or double insulated?					
3. Is Hydrocollator set at 159 - 174 F?					
4. All equipment in proper working order?					
5. Equipment properly secured to wall, floor, etc.? a) Parallel bars/grab bars/wall rails? b) Fold down mat tables/wall pulleys?					
6. Power cords obstructing walkways?					
7. Equipment stored properly when not in use?					
8. Hazardous chemicals stored properly & MSDS training complete?					
9. Items not used are stored properly?					
10. Electrical equipment safety tagged by maintenance.					
11. Floor surfaces kept dry?					
12. Aisles adequate for staff/PT and equipment movement?					
13. Sprinklers, fire alarms, extinguishers unobstructed?					
14. Proper body mechanics utilized?					
15. Staff trained in fire safety?					
16. Non-slip shoes worn?					
17. All exits visible, marked, and unobstructed?					
18. Automatic fire doors are free from obstacles?					
19.					
20.					

Management Signature: _____ Date: _____