

Safety and Fire Assessment Checklist

Health Services

AUDIT VERIFICATION

Signature of the inspector

SIGNATURE

Date

DATE

2017-01-01

Name

ELECTRICAL SAFETY AND RISKS

Are electrical outlets authorized and in good condition?

Yes

No

NA

Are used surge protectors authorized?

Yes

No

NA

Are fuse boxes appropriately labeled?

Yes

No

NA

Are electrical space heaters, extension cords or devices secured?

Yes

No

NA

Are transformers placed in an approved surface?

Yes

No

NA

Are electrical equipment and tools in safe condition?

Yes

No

NA

Is HAZCOM training given to staff members?

Yes

No

NA

Is PPE easily accessible and available?

Yes

No

NA

Did you find proper labels on hazardous material containers?

Yes

No

NA

Are all applicable hazardous materials stored in secondary containers?

Yes

No

NA

Is there a proper storage of hazardous materials and cleaning agents?

Yes

No

NA

Are Material Safety Data Sheets maintained and easily accessible?

Yes

No

NA

Are SHARP containers affixed to the wall and emptied when 3/4 full?

Yes

No

NA

Are laboratory rooms properly locked when not in use?

Yes

No

NA

EYEWASH STATIONS AND SAFETY

Are there adequate eye wash stations?

Yes

No

NA

Are emergency eyewash stations and showers tested weekly and reported?

Yes

No

NA

Are emergency eyewash stations clean with eye cap protectors installed and are they obstruction free?

Yes

No

NA

FIRE AND SAFETY CHECKS

Are utility and fire alarm systems freely accessible?

Yes

No

NA

Is there a monthly fire extinguisher inspections and are records kept for the same?

Yes

No

NA

Are stairwells clean and obstruction free?

Yes

No

NA

Do all exit doors function properly? And are they well maintained?

Yes

No

NA

Are all latches working properly?

Yes

No

NA

Are emergency exit signs functioning properly and visible clearly?

Yes

No

NA

Are keys for unlocking patient bathrooms and toilets easily available in case of an emergency?

Yes

No

NA

Did you find any broken or water damaged ceiling tiles?

Yes

No

NA

In case of broken/damaged tiles, does it need repair/replacement?

Yes

No

NA

IGNITABLE LIQUID INSPECTION

Did you find liquid chemicals stored below eye level in all sections?

Yes

No

NA

Are flammable/combustible items protected with sprinkler system?

Yes

No

NA

Are flammable/combustible items secured?

Yes

No

NA

MEDICAL FACILITIES AND REPORTS

Are medical equipment users able to describe capabilities, limitations, and applications of equipment?

Yes

No

NA

Are medical equipment users able to express operating and safety procedures for equipment use?

Yes

No

NA

Are medical equipment users able to express emergency procedures in case of equipment failure?

Yes

No

NA

Are users of medical equipment able to report problems, failures, and user errors?

Yes

No

NA

Is there a routine check for expiration dates?

Yes

No

NA

Are user manuals for equipment readily available and updated?

Yes

No

NA

Are nurse call and security alarms tested monthly?

Yes

No

NA

In patient bathrooms and toilets, are call buttons available?

Yes

No

NA

OTHER CHECKS

Is the temperature of hot water for the hot water bags and baths tested with a thermometer?

Yes

No

NA

Did you find any other structural safety and tripping hazards?

Yes

No

NA

Are hazards identified, recorded and are corrective actions taken?

Yes

No

NA

Are safety, fire work orders prioritized and followed up?

Yes

No

NA

Are drug cabinets, distinctive bottles, poisons secured and properly labelled?

Yes

No

NA

Are safety related supply items requisitioned when needed?

Yes

No

NA

Are emergency phone numbers easily accessible?

Yes

No

NA

Are storage rooms organized with heavier items on lower shelves?

Yes

No

NA

Doors of storage rooms are properly secured and locked?

Yes

No

NA

Is there a distance of 18 inches between sprinklers and stored materials?

Yes

No

NA

Are curtains of storage rooms changed every 6 months?

Yes

No

NA

PROTECTIVE GEAR AND DISINFECTION

Is appropriate PPE available and worn?

Yes

No

NA

Is PPE available, properly maintained and used when required?

Yes

No

NA

Is the steam always shut off before opening any sterilizer?

Yes

No

NA

SAFETY PLAN EVALUATION

Can the staff members explain about the safety risk in the environment of care?

Yes

No

NA

Are staff members able to express the actions to reduce safety risks in the environment?

Yes

No

NA

Are all areas including corridors obstruction free and reduce slipping/tripping?

Yes

No

NA

Do all newcomers receive fire, safety, training before starting to work?

Yes

No

NA

Are all Safety procedures up to date and easily available?

Yes

No

NA

Are staff members able to explain specific role/responsibilities in preparing for building evacuation?

Yes

No

NA

Can personnel demonstrate location and proper use of equipment for evacuating or transporting patients to refuge?

Yes

No

NA

Are annual fire drills evaluated and recorded properly?

Yes

No

NA

Are employees part of a continuing training program?

Yes

No

NA

Are self inspections conducted monthly and are actions taken, along with maintaining records?

Yes

No

NA

Are defibrillators daily checked and recorded?

Yes

No

NA

Are pre-holiday or pre-season safety briefings conducted and recorded properly?

Yes

No

NA

Is there a proper monitoring to correct deficiencies that are discovered during fire & safety inspections?

Yes

No

NA

Are accidents recorded and is an appropriate report prepared and forwarded to the Health Center Safety Manager in a timely manner?

Yes

No

NA

Do supervisors investigate accidents and take corrective actions?

Yes

No

NA

Do supervisors ensure that accident report forms are completed and sent to health care office?

Yes

No

NA

SECURITY OF OXYGEN CONTAINER

Did you find "No Smoking" and "No Smoking Oxygen Tanks In Use" signs?

Yes

No

NA

Are Oxygen cylinders stored separately from flammable and combustible material?

Yes

No

NA

Is the storage of oxygen cylinders secured?

Yes

No

NA

Are "Do Not Oil" signs displayed on oxygen tanks?

Yes

No

NA

Are compressed gas cylinders properly labeled and secured to prevent falling?

Yes

No

NA

Outside X-ray rooms, are all switches and operating devices in working condition?

Yes

No

NA

Are lead aprons inspected and recorded?

Yes

No

NA

In X-ray rooms, are radiation and pregnancy warning triangle posted?

Yes

No

NA

SERVICE SYSTEM

Are utility system users able to explain about the utility system capabilities, limitations, and special applications?

Yes

No

NA

Are utility system users able to explain about the emergency procedures in case of a system failure?

Yes

No

NA

Are utility system users able to report utility systems management problems and errors?

Yes

No

NA

Are utility system users able to explain about the location and use of emergency shut-off controls?

Yes

No

NA

Are utility users able to describe who to contact in case of emergency?

Yes

No

NA