

# Safety inspections of clinical and non clinical de

## Health Services

### GENERAL INSPECTION

Audit date

DATE

2017-01-01

Is the previous inspection been checked?

Yes

No

NA

Did you notice any outstanding actions?

Yes

No

NA

Is Door wedged or propped open seen?

Yes

No

NA

Are carts, equipment, or materials blocking the fire doors?

Yes

No

NA

Is Extinguishers in good condition?

Yes

No

NA

Is current inspection documentation present for extinguishers?

Yes

No

NA

Is the Extinguishers free of obstruction?

Yes

No

NA

Are the Sprinkler Heads/Smoke Detectors well maintained?

Yes

No

NA

Are Indicator Lights blocked?

Yes

No

NA

Are Fire Exit signs well lit?

Yes

No

NA

Are Fire Doors locked properly?

Yes

No

NA

Is the Storage less than 18" from ceiling?

Yes

No

NA

Are Soiled/Clean/Hazardous Materials Rooms locked properly?

Yes

No

NA

Are Emergency Exit Corridors / Doors obstruction free?

Yes

No

NA

Is wheeled equipment present in corridor?

Yes

No

NA

Is Flammables well kept?

Yes

No

NA

Are there any leakage in Walls / Ceilings / Floors?

Yes

No

NA

Did you find any unauthorized space heaters?

Yes

No

NA

Is unauthorized heat producing equipment present (Toasters, etc) available?

Yes

No

NA

Are the Trash containers equivalent to 32 gallons capacity?

Yes

No

NA

Are the Electrical outlets working properly?

Yes

No

NA

Is the Critical equipment plugged into Red Outlet?

Yes

No

NA

Is ground prong available in all extension cords?

Yes

No

NA

Is covers or plates present on all switches, receptacles and computer boxes?

Yes

No

NA

Are Electrical panels accessible with 36" clearance around panels?

Yes

No

NA

Are handrails attached to the walls?

Yes

No

NA

Are wheelchairs in good condition?

Yes

No

NA

Did you notice any boxes on the floor?

Yes

No

NA

Are the tiles, carpet in good condition?

Yes

No

NA

Were stairwell well lit?

Yes

No

NA

Were the storage room well maintained?

Yes

No

NA

Did you find any items under sinks?

Yes

No

NA

Were the step ladders in good condition?

Yes

No

NA

Did you find any electrical cords, telephone and computer wires?

Yes

No

NA

Were the Desk, chairs, furniture well maintained?

Yes

No

NA

Is the Patient Room furniture well maintained?

Yes

No

NA

Were any stuffs thrown out near computers or nurse station?

Yes

No

NA

Is weekly inspection at eye wash station?

Yes

No

NA

Is High level disinfectant policy being followed?

Yes

No

NA

Were empty and full Medical gas cylinders kept seperatedly?

Yes

No

NA

Are Medical gas cylinders kept properly in bins, racks, or hand carts?

Yes

No

NA

Are Biohazard containers stored properly?

Yes

No

NA

Is MSDS provided to staff?

Yes

No

NA

Are Secondary container tagged properly?

Yes

No

NA

Are Hazardous materials well kept?

Yes

No

NA

Are employee personal items secured safely?

Yes

No

NA

Did the staff wear I.D. Badges properly?

Yes

No

NA

Are Confidential Material kept secured?

Yes

No

NA

Are the High risk patient's, equipment areas, hazardous material rooms have protected?

Yes

No

NA

Are Medications secured?

Yes

No

NA

Are the security hardware doors working properly?

Yes

No

NA

Are the Code carts locked in presence of staff?

Yes

No

NA

Were all the lights functional?

Yes

No

NA

Were Plumbing, faucets,, toilets well maintained?

Yes

No

NA

Is there any cleaning schedule for ice machine?

Yes

No

NA

Was the stairwell lights functional?

Yes

No

NA

Please mention any additional comments

textarea