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**How to use this checklist:**

The goal of a checklist is to be specific to your work site. The following is a premade checklist, items on the ***Checklist Items*** column (far left) should be altered in the following ways before being used:

1. Some of the checklist items will not apply to the area in your facility. If this is the case – **remove them.**
2. Some checklist items may apply to the area but are not health and safety concerns – **remove them.**
3. There are things not included on this checklist that are important for the health and safety of people in the area specific to your facility – **add them**. (ensure that yes is the desired response)

If your workplace uses an emergency code system, be sure to explore different codes each inspection. While doing the inspection, look for positive health and safety observations that can be communicated and shared. This is an important part of inspecting and is needed to properly fill out the inspection report.

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**SAMPLE Inspection Checklist – Housekeeping Areas**

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| **INSPECTION Checklist – Housekeeping Areas** |
| Inspection Team:  | Date:  |
|  |
|  |
| **Before inspecting the area:*** Read previous Inspection Report, follow up on any actions taken
* Review any incidents since the last inspection and follow up on corrective actions
* View the Hazard Assessments and controls to observe during the inspection
 |
| **Checklist Item** | **Item Fulfilled?** | **Action Required** |
| **Yes** | **No** |
| 1. **Equipment**
 |
| Is equipment used for cleaning in good working order?  |  |  |  |
| Are cords and plugs in good condition? |  |  |  |
| Is there ergonomic housekeeping equipment available for staff? Ex. Mops, carts, dusters, etc. |  |  |  |
| 1. **Work Areas**
 |
| Are work areas well lit? |  |  |  |
| Are emergency lights operational? |  |  |  |
| Are work areas free of clutter or other hazards? |  |  |  |
| Are all floors kept free of slip/trip hazards? Ask housekeeping staff if there are resident rooms that are too cluttered.  |  |  |  |
| 1. **Ergonomics**
 |
| Are staff aware of ways to reduce repetitive strain? Locate 2 employees and ask how.  |  |  |  |
| Are staff using proper ergonomics for their current tasks? |  |  |  |
| Are staff aware of proper lifting techniques? Locate 2 employees and ask to demonstrate.  |  |  |  |
| Are all beds accessible? |  |  |  |
| 1. **Storage Areas**
 |
| Are storage rooms uncluttered and free of trip hazards? |  |  |  |
| Is there safe access/egress? |  |  |  |
| Is there a ladder/step stool available? |  |  |  |
| Are heavy items stored below waist? |  |  |  |
| Are spill-able items stored below eye level? |  |  |  |
| Are materials stored 18” below sprinkler heads? |  |  |  |
| 1. **Personal Protective Equipment**
 |
| Is personal protective equipment readily available? |  |  |  |
| Are employees using PPE as appropriate to their current tasks? |  |  |  |
| Is personal protective equipment in good working condition, free of any obvious defects?  |  |  |  |
| Are employees able to explain the proper care, maintenance, use and limitations of use personal protective equipment? |  |  |  |
| 1. **Chemical Hazards**
 |
| Do all chemical products available have a supplier or workplace label? |  |  |  |
| Are Safety Data Sheets (SDS) for the chemical products easily accessible?  |  |  |  |
| Can staff describe what PPE they need to use for a given chemical? |  |  |  |
| Are eye wash stations available? |  |  |  |
| **Additional Observations:** |
|  |
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|  |

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| --- |
| **Positive Safety Observations**  |
|  |
|  |
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| --- |
| Review Inspection findings with: |
|  | Signature | Date |
| **Dept Supervisor/Manager** |  |  |
| **HSC** |  |  |