\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**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.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Sample Inspection Checklist – Resident Care Floors**

|  |
| --- |
| **INSPECTION Checklist – Resident Care Floors** |
| 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** |
| **A. Resident Care Areas** |
| Access/exit into resident rooms and bathrooms acceptable? |  |  |  |
| Resident rooms arranged so staff can perform care using good body mechanics and/or safe lift and transfer techniques? |  |  |  |
| Is all electrical equipment grounded? |  |  |  |
| Are electrical cords and / or plugs in good condition? |  |  |  |
| Are electrical cords secured along the floor or bundled to prevent tripping? |  |  |  |
| Are plug-ins overloaded? |  |  |  |
| Is the work area free of clutter or other hazards? |  |  |  |
| Are floors clear of any slip / trip hazards? |  |  |  |
| Are floors clean and dry? |  |  |  |
| Are garbage / recycle containers emptied regularly? |  |  |  |
| Are beds in good working condition?  |  |  |  |
| Are brakes on beds operational? |  |  |  |
| Are all mechanical lifting devices in working condition? (full lift / sit-stand) |  |  |  |
| Are all transfer belts and slings in good working order? |  |  |  |
| Are needed transfer belts and slings readily available for staff when needed for residents? |  |  |  |
| Are employees using correct body mechanics and transfer techniques while working with residents? |  |  |  |
| Is needed personal protective equipment readily available? |  |  |  |
| Are staff using the appropriate PPE for the task? |  |  |  |
| Are employees able to explain the proper care, use and limitations of personal protective equipment? |  |  |  |
| Is there appropriate signage to alert workers to hazards? (ie. Oxygen use, precaution measures, etc.) |  |  |  |
| Are compressed gas cylinders (oxygen) secured and stored upright where in use? |  |  |  |
| **B. Fire Prevention:** |
| Are the locations of extinguishers, hose cabinets, fire blankets, pull stations, alarm panels identified? |  |  |  |
| Are extinguishers, hose cabinets, fire blankets, and pull station alarm panels accessible?  |  |  |  |
| Are employees trained in the location and use of fire equipment? |  |  |  |
| Are fire doors clear of obstructions and in good working condition?  |  |  |  |
| Are exit signs lit? |  |  |  |
| Are emergency procedures posted? |  |  |  |
| Can staff describe what to do in event of a fire? |  |  |  |
| **C. Access/Egress:** |
| Are hallways clear and uncluttered? |  |  |  |
| Are lifts, medication carts and cleaning carts all stored on one side of the hallway? |  |  |  |
| Is exit signage highly visible and lit? |  |  |  |
| Are floors kept dry?  |  |  |  |
| Are floors free of lifts, ripples and/or anything that would present a tripping hazard? |  |  |  |
| Are signs used to indicate wet or hazardous floors? |  |  |  |
| Are handrails in good condition? |  |  |  |
| Are external doorways well maintained and clear of obstructions? |  |  |  |
| **D. Lighting** |
| Are work areas well lit? |  |  |  |
| Is task lighting appropriate in all areas? |  |  |  |
| Is emergency lighting operational? |  |  |  |
| **E. Garbage Room** |
| Is the room locked? |  |  |  |
| Is room tidy and organized? |  |  |  |
| Is the floor clear of any slip / trip hazards? |  |  |  |
| Is the garbage can easily accessible so that staff can use good body mechanics while disposing of bags?  |  |  |  |
| Are there marked containers for specific types of waste? |  |  |  |
| **F. Chemical Room** |
| Is the room locked? |  |  |  |
| Is the room tidy and organized? |  |  |  |
| Is the room easy to access and exit?  |  |  |  |
| Is the room well lit? |  |  |  |
| Are heavy items stored below waist? |  |  |  |
| Are spill-able items stored below eye level? |  |  |  |
| Are materials stored 18” below sprinkler heads? |  |  |  |
| Are the MSDS’ and/or SDS’ available for all chemicals?If MSDS are used are they current? (within 3 yrs) |  |  |  |
| Is needed PPE readily accessible? |  |  |  |
| Can staff describe what PPE they need to use for a needed chemical? |  |  |  |
| 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? |  |  |  |
| Are staff using the appropriate PPE for the task? |  |  |  |
| Are the containers labeled with a work site label or supplier label? |  |  |  |
| Is all cleaning equipment in good working order? (cart and chemical dispenser)  |  |  |  |
| **I. Medications Cart** |
| Are medication carts easily movable and in good condition? |  |  |  |
| Is needed PPE readily accessible? |  |  |  |
| Are sharps/bio hazard containers emptied on a regular basis? |  |  |  |
| Is medication cart locked?  |  |  |  |
| **I. Handwashing Sink** |
| Are handwashing supplies readily available for staff? |  |  |  |
| Is the cabinet underneath free of any chemicals?  |  |  |  |
| **J. Charting computers** |
| Is the work area well lit? |  |  |  |
| Are computers sanitized on a regular basis? |  |  |  |
| Is the workspace designed in such a way that staff can use correct body mechanics? |  |  |  |
| **Additional Observations:** |
|  |
|  |
|  |

|  |
| --- |
| **Positive Safety Observations**  |
|  |
|  |
|  |

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