**Safety Inspection Checklist – Residential Care**

A picture containing logo

Description automatically generated

**Building location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| --- | --- | --- | --- | --- |
| **Programs and Posters** |  |  |  |  |
| Injury and Illness Prevention Program (IIPP or safety program)? |  |  |  |  |
| Hazard Communication Program (HazCom)? |  |  |  |  |
| Emergency Action Program (EAP)? |  |  |  |  |
| Exit routes and key response people and phone numbers posted? |  |  |  |  |
| Report of unsafe conditions form available to employees? |  |  |  |  |
| Local clinic with Medical Provider Network (MPN) posted? |  |  |  |  |
| Federal and State All-in-One Poster for the current year? |  |  |  |  |
| Cal/OSHA Log 300A summary for previous year (post from February 1 until April 30)? |  |  |  |  |
| Are Certificates of Insurance current and on file for contractors, service companies, and tenants? |  |  |  |  |
| **Office areas** |  |  |  |  |
| Are desk chairs adjustable, i.e. seat, seatback, and armrest height? |  |  |  |  |
| Are frequent phone users provided with headsets? |  |  |  |  |
| Is office furniture set up ergonomically for the user – wrists in a neutral position? |  |  |  |  |
| Are power strips not daisy-chained (connected)? |  |  |  |  |
| **General Emergency Preparedness/Response** |  |  |  |  |
| Are first aid kits in place and adequately stocked with bandages (no meds such as aspirin or Tylenol)? |  |  |  |  |
| Has a fire, earthquake, or other emergency response drill been conducted in the past 12 months? |  |  |  |  |
| Are earthquake response supplies available? |  |  |  |  |
| **Life Safety** |  |  |  |  |
| Are exit corridors, doorways, and stairs unobstructed? |  |  |  |  |
| Is panic hardware in place for exit doors and in working condition? |  |  |  |  |
| Are exits marked and illuminated? |  |  |  |  |
| Is the emergency lighting system in place and working? |  |  |  |  |
| “Not An Exit” signs posted or doors clearly labeled |  |  |  |  |
| **Housekeeping** |  |  |  |  |
| Are walking surfaces free of tripping and slipping hazards? |  |  |  |  |
| **Electrical** |  |  |  |  |
| Are electrical cords in good condition; and only for temporary use (<90 days)? |  |  |  |  |
| Where work with portable tools/electrical cords are in wet areas, are ground fault circuit interrupters used? |  |  |  |  |
| Do electrical junction, switch, and receptacle boxes have covers that are tightly closed? |  |  |  |  |
| Are outlets in good condition and with no missing covers? |  |  |  |  |
| Are switches clearly marked with their purpose if not obvious? |  |  |  |  |
| Are circuit breakers labeled with their functions and all covers complete (no blanks) and in place? |  |  |  |  |
| Is there a clear 36” access around all electrical panels? |  |  |  |  |
| **Fire Safety** |  |  |  |  |
| Portable fire extinguishers provided throughout and clearly marked? |  |  |  |  |
| Portable fire extinguishers recharged at least annually, tagged, signed off monthly? Gauges show them as fully charged? |  |  |  |  |
| Have employees been trained on the use of portable fire extinguishers within the past year? |  |  |  |  |
| At least one employee on each shift can shut off gas and electricity, or can call bldg. engineer |  |  |  |  |
| Gas shut off tool mounted and labeled |  |  |  |  |
| **Maintenance** |  |  |  |  |
| Is machinery secured and guarded? |  |  |  |  |
| Are proper tools and equipment provided? |  |  |  |  |
| Is proper personal protective equipment (PPE) provided and used - gloves, safety glasses, goggles, face shields, slip-resistant footwear, etc.? |  |  |  |  |
| Ladders inspected regularly and employees trained in their use? |  |  |  |  |
| Are carts or hand trucks provided for moving heavy equipment? |  |  |  |  |
| Employees get help if they have to lift heavy items? |  |  |  |  |
| **Parking areas** |  |  |  |  |
| Is there adequate lighting? |  |  |  |  |
| Wheel stops/speed bumps secured/painted a contrasting color? |  |  |  |  |
| Gas meters and electrical panels protected to prevent damage from vehicles, i.e., concrete posts? |  |  |  |  |
| Surfaces free of potholes and uneven surfaces? |  |  |  |  |
| Garbage area clean - no broken glass or slippery liquids? |  |  |  |  |
| Dumpster lids kept closed and wheels locked? |  |  |  |  |
| Employees get help with full trash cans? |  |  |  |  |
| **Security** |  |  |  |  |
| Are all exterior doors closed and locked at night from the inside? |  |  |  |  |
| Is the outside and inside well lit at night? |  |  |  |  |
| If there is a security alarm or key card system, has it been tested/reviewed in the past month for integrity? |  |  |  |  |
| Are guest sign-in, badge, and escort systems in place and being used? |  |  |  |  |
| Are the receptionist and other designated people prepared to handle bomb, assault, or other physical threat situations? |  |  |  |  |
| Are timed devices (lighting, alarm systems, etc.) up to date with standard and daylight savings time? |  |  |  |  |
| **Fall Prevention** |  |  |  |  |
| Bathrooms equipped with grab bars and call buttons? |  |  |  |  |
| Hallways have handrails that are sturdy and contain no sharp edges? |  |  |  |  |
| Employees wear proper footwear? |  |  |  |  |
| Stepladders available to retrieve items from shelves? |  |  |  |  |
| **Bloodborne Pathogens** |  |  |  |  |
| Written Exposure Control Plan developed? |  |  |  |  |
| Refresher training on bloodborne pathogens held at least annually? |  |  |  |  |
| Employees follow universal precautions by treating all blood and other body fluids as if they were infectious materials? |  |  |  |  |
| Hand protection worn when handling blood or other bodily fluids? |  |  |  |  |
| Broom and dust pan used to pick up broken glass? |  |  |  |  |
| Employees wash their hands immediately after removing gloves or other personal protective equipment? |  |  |  |  |
| Employees use caution when reaching into refuse containers? |  |  |  |  |
| Employees alert to sharps when handling bed sheets and refuse bags? |  |  |  |  |
| Needles and infectious waste deposited in appropriate disposal containers? |  |  |  |  |
| **Chemical/Pharmaceutical Safety** |  |  |  |  |
| SDS sheets available and accessible to employees for all hazardous chemicals and drugs that present a health hazard to employees? |  |  |  |  |
| All chemical and pharmaceutical containers properly labeled? |  |  |  |  |
| Drugs and chemicals stored in their designated containers? |  |  |  |  |
| Pharmaceutical storage and preparation areas not accessible to unauthorized personnel? |  |  |  |  |
| Proper personal protective equipment worn when administering hazardous drugs or handling chemicals? |  |  |  |  |
| Eyewash stations properly maintained and kept free of obstructions? |  |  |  |  |
| **Back Safety /Patient Transfer** |  |  |  |  |
| Employees utilize proper lifting techniques during patient transfer and manually lifting materials? |  |  |  |  |
| Appropriate number of staff used to lift or transfer patients? |  |  |  |  |
| Food carts, wheelchairs and other moving equipment kept in good condition? |  |  |  |  |
| Gait and transfer belts well maintained and replaced when necessary? |  |  |  |  |
| Lifting aides such as carts, hand trucks, dollies, etc. available to transport heavy materials? |  |  |  |  |
| Heavy materials not stored on upper shelving to prevent overreaching? |  |  |  |  |
| **Laundry Staff** |  |  |  |  |
| Employees wear hand protection when handling laundry and cleaning detergents? |  |  |  |  |
| Eyewash station within 10 seconds walking from dispensing of chemicals? |  |  |  |  |
| Laundry staff alert to sharps, blood and body fluids? |  |  |  |  |
| Carts used to transport laundry? Springboards in carts? |  |  |  |  |
| **Workplace Violence** |  |  |  |  |
| Training provided in dealing with violent patients |  |  |  |  |
| Visitors required to complete sign in sheets |  |  |  |  |
| **Food Preparation Areas** |  |  |  |  |
| Hot oil and pots cooled before carrying or cleaning over |  |  |  |  |
| Floor clean and free of spillage |  |  |  |  |
| Exhaust hood functioning/clean |  |  |  |  |
| Knives sharpened and properly stored |  |  |  |  |
| Pickle bucket opener available and used |  |  |  |  |
| Equipment in good repair |  |  |  |  |
| Clear walkways (no protruding handles) |  |  |  |  |
| Ansul type system over stove serviced w/in 6 months? |  |  |  |  |
| **Food Work Procedures** |  |  |  |  |
| Proper lifting: no twisting or overreaching |  |  |  |  |
| Proper use of ladders |  |  |  |  |
| Safe use of knives |  |  |  |  |
| Use caution words (e.g. behind you, hot plate) |  |  |  |  |
| Carry 3 plates maximum |  |  |  |  |
| Only slip-resistant shoes worn |  |  |  |  |
| **Electric Food Prep Equipment** |  |  |  |  |
| Guards installed/used correctly – mixers, meat slicers, etc. |  |  |  |  |
| Slicer width adjustment set to “0” when not in use |  |  |  |  |
| Unplugged during maintenance and cleaning |  |  |  |  |
| Safe operation procedures posted |  |  |  |  |
| Cut-resistant gloves worn - clean meat slicer/use mandolin |  |  |  |  |
| **Storage Areas** |  |  |  |  |
| Racks/Shelving in good repair, secured from falling |  |  |  |  |
| Heavy items on lower shelves and not overloaded |  |  |  |  |
| Stepladders provided, in good condition |  |  |  |  |
| Gas cylinders secured, cap on when not in use |  |  |  |  |
| **Cold Storage** |  |  |  |  |
| Floors dry and clean (not slippery) |  |  |  |  |
| Adequate lighting, light bulbs protected |  |  |  |  |
| Doors fully operable and emergency release inside to allow escape even when locked? |  |  |  |  |
| Proper temperature – below 41 degrees |  |  |  |  |
| **Food Area - Housekeeping** |  |  |  |  |
| Floor mats clean and properly positioned (not stacked) |  |  |  |  |
| Aisles and walkways clear |  |  |  |  |
| Floors free of grease and water and in good repair |  |  |  |  |
| Floor openings covered and guarded |  |  |  |  |
| Walls and vents clean (no grease) |  |  |  |  |
| Facilities Free Of Rodents And Insects? Licensed Pest Co? |  |  |  |  |
| **Dishwashing Area** |  |  |  |  |
| Area clean and organized; no excess water |  |  |  |  |
| Broken glass container – broom used on glass, not hands |  |  |  |  |
| Knives washed separately |  |  |  |  |
| Gloves/eye protection provided when working w/chemicals |  |  |  |  |
| Spray bottles and sanitation buckets clearly labeled |  |  |  |  |
| Eyewash station |  |  |  |  |
| **Injury Trends** |  |  |  |  |
| Insert company injury trend 1 |  |  |  |  |
| Insert company injury trend 2 |  |  |  |  |

**Are there any facilities or equipment issues in need of repair or attention not noted above?**

**Additional Comments:**

*The information and suggestions in this form are presented as a guide. No results are guaranteed and no liability is assumed as to the information or safety suggestions presented. No assumption can be made that every acceptable safety procedure is stated. Abnormal, unusual, or particular circumstances may require different or additional procedures.*