**Workplace Inspection Tool\***

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| --- | --- | --- | --- | --- |
| **Inspection Categories** | **S**Satisfactory | **C**Hazard requires correction but not an immediate hazard | **IC** Hazard requires immediate correction | **N/A**Not Applicable |

**Physical Environment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **1. Condition of floors, walls, doors** |  |  |  |  |  |
|  a. Floors slip-proof |  |  |  |  |  |
|  b. No cords on floor or other  tripping hazards |  |  |  |  |  |
|  c. Doors clear of obstruction |  |  |  |  |  |
|  d. Floors, walls, doors clean and  intact |  |  |  |  |  |
| **2. Lighting/ Electrical** |  |  |  |  |  |
|  a. Lighting adequate, maintained |  |  |  |  |  |
|  b. Task specific lighting present  where appropriate |   |  |  |  |  |
|  c. Outlets sufficient to avoid  overloading |  |  |  |  |  |
|  d. Backup generator is available if power goes out |  |  |  |  |  |
| **3. Ventilation/ Air Exchange** |  |  |  |  |  |
|  a. Natural ventilation available in operating room  |  |  |  |  |  |
|  b. Natural ventilation available in patient isolation areas |  |  |  |  |  |
|  c. Unique air handling in specialized areas (i.e. negative pressure in autopsy suite) |  |  |  |  |  |
| **4. Emergency Exits and Fire Protection** |  |  |  |  |  |
|  a. Emergency exits visible |  |  |  |  |  |
|  b. Emergency exits free from  obstruction |  |  |  |  |  |
|  c. Emergency evacuation plan  posted |  |  |  |  |  |
|  d. Fire exits labeled |  |  |  |  |  |
|  e. Fire extinguisher present |  |  |  |  |  |
|  f. Other fire safety techniques practiced |  |  |  |  |  |
| **5. Medical Rooms** |  |  |  |  |  |
|  a. Clean and orderly appearance |  |  |  |  |  |
|  b. Enough room to work |  |  |  |  |  |

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| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **6. Safety instructions clear** |  |  |  |  |  |
|  a. Chemicals labeled |  |  |  |  |  |
|  b. Restricted areas identified |  |  |  |  |  |
|  c. Isolation signs |  |  |  |  |  |
|  d. Wet floor signs |  |  |  |  |  |
|  e. Eye wash stations (in labs and  chemical storage areas) |  |  |  |  |  |
|  f. Instructions for personal protective equipment use |  |  |  |  |  |
|  g. Biohazard areas identified |  |  |  |  |  |
|  h. Radiation areas labeled |  |  |  |  |  |
|  i. Hand hygiene posters |  |  |  |  |  |
| **7. Waste Disposal**  |  |  |  |  |  |
|  a. Appropriately labeled  containers/bags for biohazardous  waste |  |  |  |  |  |
|  b. Waste facilities are clean and  maintained |  |  |  |  |  |
|  c. Written protocols for waste  present |  |  |  |  |  |
| **8. Handwashing Facilities** |  |  |  |  |  |
| a. Sinks clean and well maintained |  |  |  |  |  |
|  b. Sink present in utility rooms |  |  |  |  |  |
|  c. Sink present in staff bathroom |  |  |  |  |  |
|  d. Antiseptic soap or alcohol hand  rub easily available |  |  |  |  |  |
|  e. Towels available |  |  |  |  |  |
| **9. Safety Hazards** |  |  |  |  |  |
| 1. Measures in place for reporting safety incidents/injuries
 |  |  |  |  |  |
| 1. Procedures for handling aggressive patients
 |  |  |  |  |  |
| 1. Staff identification badges worn
 |  |  |  |  |  |

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**Laboratory Areas**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **1. Equipment** |  |  |  |  |  |
| a. Automated equipment  clean and well maintained |  |  |  |  |  |
| b. Biosafety and/or chemical containment cabinets present and  regularly inspected |  |  |  |  |  |
| d. Splashguards in place where  specimens are opened |  |  |  |  |  |
| e. Compressed gases (e.g., O2, N2O) chained in place, regularly inspected, and maintained |  |  |  |  |  |
| f. Equipment and supplies designated  as single use not reused (e.g., blood  tubes, syringes) |  |  |  |  |  |
| g. Fire extinguishers available |  |  |  |  |  |
| h. Eye wash facilities available |  |  |  |  |  |
| **2. Other** |  |  |  |  |  |
| a. Chemicals clearly labeled |  |  |  |  |  |
| b. Flammable chemical safety storage policy  |  |  |  |  |  |
| c. Gloves, goggles and face shields  available and used when appropriate |  |  |  |  |  |
| d. Workers educated and trained about  chemical and biological hazards |  |  |  |  |  |

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**Pharmacy**

|  |  |  |  |  |  |
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| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **1. Equipment/Environment**  |  |  |  |  |  |
| 1. Access to Pharmacy and Hazardous Drugs. Storage & Preparation limited to authorized personnel (signs visible)
 |  |  |  |  |  |
| 1. Written Hazardous Drug/ Pharmacy Safety Policy
 |  |  |  |  |  |
| 1. Written cleaning protocol
 |  |  |  |  |  |
| 1. Hazardous drugs stored separately
 |  |  |  |  |  |
| 1. Drugs with abuse potential locked; policies in place for access
 |  |  |  |  |  |
| 1. Pharmaceutical waste handled according to local requirement
 |  |  |  |  |  |
| 1. Segregated waste streams
 |  |  |  |  |  |
| 1. Written spill response protocol
 |  |  |  |  |  |
| 1. Fire extinguisher present
 |  |  |  |  |  |
| j. Eyewash facilities available |  |  |  |  |  |
| k. Accidental Contact/Exposure. Emergency decontamination protocol |  |  |  |  |  |
| **2. Other** |  |  |  |  |  |
| a. Workers educated and trained about  pharmacy hazards |  |  |  |  |  |

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**Patient Care Units**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **1. Sinks**  |  |  |  |  |  |
|  a. Sink available in area of patient care  |  |  |  |  |  |
|  b. Sinks clean and well maintained |  |  |  |  |  |
|  c. Antiseptic soap or alcohol hand  rub available |  |  |  |  |  |
|  d. Towels available |  |  |  |  |  |
| **2. Personal Protective Equipment**  |  |  |  |  |  |
| a. Non-sterile gloves available |  |  |  |  |  |
| b. Sterile gloves available |  |  |  |  |  |
|  c. Protective eyewear available |  |  |  |  |  |
|  d. Isolation gowns or aprons available |  |  |  |  |  |
| **3. Sharps Handling** |  |  |  |  |  |
| a. Sharps disposal container available at point of use and not overfilled |  |  |  |  |  |
|  b. Policy of not recapping needles  |  |  |  |  |  |
|  c. Safety engineered needles  available and used |  |  |  |  |  |
| **4. Isolation Practices** |  |  |  |  |  |
| a. Infection control protocols available for categories of isolation  |  |  |  |  |  |
| b. Signage clearly posted outside  isolation rooms |  |  |  |  |  |
| c. Special instructions for room entry posted |  |  |  |  |  |
| **5. Patient Care Areas** |  |  |  |  |  |
| a. Patient lifting equipment  available, maintained and clean |  |  |  |  |  |
| b. Adequate distance between  beds (at least 1 meter) |  |  |  |  |  |

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**Central Supply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/Description** | **S** | **C** | **IC** | **N/A** | **Comments** |
| **1. Sterilant Use** |  |  |  |  |  |
| 1. Sterilants (e.g. ethylene oxide, glutaraldehyde) are stored in closed containers, in well ventilated areas
 |  |  |  |  |  |
| 1. All chemicals are labeled
 |  |  |  |  |  |
| 1. Materials allowed to off gas before removing from sterilizer
 |  |  |  |  |  |
| 1. Ventilated exhaust hood is installed above sterilizer door
 |  |  |  |  |  |
| 1. Ethylene oxide substituted with other cold sterilants
 |  |  |  |  |  |
| 1. Appropriate personal protective equipment available for operators
 |  |  |  |  |  |
| 1. Detector and monitoring equipment in place to detect sterilant leaks
 |  |  |  |  |  |
| 1. Written log maintained for detected leaks and chamber properly maintained
 |  |  |  |  |  |
| 1. Written emergency plan developed and practiced in anticipation of detected leak
 |  |  |  |  |  |
| **2. Mercury** |  |  |  |  |  |
| 1. Mercury-free thermometers and sphygmomanometers used
 |  |  |  |  |  |
| 1. Workers trained on how to clean up mercury spills
 |  |  |  |  |  |
| 1. Spill kits\* available to clean up mercury spills of 25ml or less
 |  |  |  |  |  |

\*Spill kits should contain nitrile or latex gloves, protective glasses, mercury absorbing powder, mercury sponges and a disposal bag.