



### Hospital Compliance Checklist

Employer Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspection # \_\_\_\_\_ CSHO ID# \_\_\_\_\_

Management Official \_\_\_\_\_ Title \_\_\_\_\_

Employee Rep \_\_\_\_\_ Title \_\_\_\_\_

Union Rep \_\_\_\_\_ Title \_\_\_\_\_

A. Written Accident Program?  Yes  No

B. Review Employee Training Requirements

- \_\_\_\_\_ Fire and Electrical Safety
- \_\_\_\_\_ Infection Control Procedures
- \_\_\_\_\_ Bloodborne Pathogens
- \_\_\_\_\_ Tuberculosis
- \_\_\_\_\_ Hazard Communication
- \_\_\_\_\_ Reporting of Unsafe Conditions and Practices
- \_\_\_\_\_ How and When to Report Injuries
- \_\_\_\_\_ Workplace violence

C. Safety and Health Committee

- \_\_\_\_\_ Elected Employee Committee Member?
- \_\_\_\_\_ Review Written Minutes of Meetings
- \_\_\_\_\_ All Hospital Departments Represented?

D. OSHA 300 log

- \_\_\_\_\_ Records Review
- \_\_\_\_\_ Review for Trends in Illnesses and Injuries.
- \_\_\_\_\_ Compare with Employee Incident Reports.

Comments:

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Illnesses and Injuries to Note

- |  |  |
|--|--|
| <input type="checkbox"/> Back Injuries     | <input type="checkbox"/> Acute Chemical Exposure |
| <input type="checkbox"/> Hepatitis B Cases | <input type="checkbox"/> Eye Injuries            |
| <input type="checkbox"/> Infections        | <input type="checkbox"/> Needle Sticks           |
| <input type="checkbox"/> Dermatitis        | <input type="checkbox"/> Muscle Strains          |

E. Written Infection Control Program

Policies Include:

- Bloodborne Pathogens Exposure Control Plan
- Infection Control Isolation procedures
- Personal Protective Equipment selection and use
- Hand antisepsis
- Housekeeping schedules and procedures
- Tuberculosis Control
- Biomedical waste management
- Laboratory Biosafety Plan
- Respiratory Protection Program

F. Hazard Communication Program

Program Elements

- Chemical Inventory List
- Written Hazard Communication Program
- Hazardous drug inventory
- Laboratory Chemical Hygiene Plan
- MSDS File and Location
- Employee Training Covering Hazards and Safe Use
- Program Administration Responsibilities

Comments:

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Pharmacy  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Pharmacy Mngr \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Program  Yes  No

Program Elements

- \_\_\_\_ Emergency Procedures for Spills and Fires
- \_\_\_\_ Use of Personal Protective Equipment
- \_\_\_\_ Reporting of Unsafe Conditions and Practices
- \_\_\_\_ How and When to Report Injuries

B. Hazardous Drugs

1. Personal Protective Equipment

- \_\_\_\_ Gloves (PVC or Latex or Nitrile)
- \_\_\_\_ Gowns (spill resistant, closed front, long sleeve)
- \_\_\_\_ Disposable Respirators for dusts and mists (if no exhaust hood is provided)

2. Exhaust Hood – Class II, Type A or B

- \_\_\_\_ HEPA Filter Maintenance (Class II, Type A Only)
- \_\_\_\_ Annual Inspection and Performance Certification
- \_\_\_\_ Face Velocity Check – 100 ft/min
- \_\_\_\_ Sharps Container Located Inside Hood (Labeled)
- \_\_\_\_ Mixing Conducted on Disposable Pad or liner
- \_\_\_\_ Clean and Uncluttered Interior

Comments:

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C. Emergency Washing Facilities Required?  Yes  No

\_\_\_\_ Clearly Labeled with Location Signs Provided

\_\_\_\_ Unobstructed Pathway

\_\_\_\_ Eyewash Provides at least 1.5 LPM for 15 minutes within 50 feet

Comments:

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Medical Laboratory  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Laboratory Mngr \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Program  Yes  No

- \_\_\_\_ Emergency Response procedures
- \_\_\_\_ Use of Personal Protective Equipment
- \_\_\_\_ Reporting of Unsafe Conditions and Practices
- \_\_\_\_ How and When to Report Injuries

B. Written Chemical Hygiene Plan?  Yes  No

- \_\_\_\_ Covers Employee Information and Training
- \_\_\_\_ Provides for Medical Consultation
- \_\_\_\_ Employees Trained and Informed of Lab Chemical Hazards
- \_\_\_\_ MSDS's retained and available to employees
- \_\_\_\_ Spill Response Policy
- \_\_\_\_ Employee Exposure Monitoring Conducted? (Formaldehyde, Xylene, etc.)
- \_\_\_\_ Review Monitoring Results

C. Chemical/Biological Exhaust Hoods?  Yes  No

- \_\_\_\_ Clean and uncluttered interior
- \_\_\_\_ Face velocity -100 ft/minute
- \_\_\_\_ Annual inspection and performance certification
- \_\_\_\_ Calibration marks on moveable sash for optimum flow
- \_\_\_\_ Located at position where doors, windows, and traffic flow will not create turbulence at the cabinet face
- \_\_\_\_ Review filter maintenance and replacement procedures

Comments

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E. Centrifuges?  Yes  No

- Enclosed/ protected to minimize splash in the event of spill or glass breakage.
- History of biological spills and glass breakage
- Centrifuge tubes fitted with caps
- Spill cleanup procedure

F. Specimen Handling

- Proper PPE used
- Decontamination of work surfaces following completion of work
- Absolutely NO mouth pipetting of any kind
- Hand washing following completion of procedure
- Vacutainer opening – Cover or shield

G. Lab Refrigerator?  Yes  No

- No food stuffs stored with chemicals or biological agents
- Not used for flammable or explosive chemicals

H. Respiratory protection?  Yes  No

- Type, \_\_\_\_\_ Mfr. \_\_\_\_\_ Model \_\_\_\_\_
- Training
- Written respiratory protection program
- Fit testing
- Maintenance

I. Emergency Deluge Shower and Eyewash?  Yes  No

- Clearly labeled with location signs
- Unobstructed pathway
- Eyewash provides at Least 1.5 1/min for 15 minutes.

Comments:

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J. Personal Protective Equipment

- \_\_\_\_ Glasses/goggles
- \_\_\_\_ Gloves
- \_\_\_\_ Protective gowns/lab coats

K. Waste Disposal

- \_\_\_\_ Sharps containers provided and located in proper areas?
- \_\_\_\_ Adequate bagging and biohazard labeling?

L. Readily Detectable Vapors or Fumes?  Yes  No

- \_\_\_\_ Xylene
- \_\_\_\_ Isopropanol
- \_\_\_\_ Formaldehyde
- \_\_\_\_ Other Organic Solvents
- \_\_\_\_ Review Employee Exposure monitoring Results

Comments:

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Housekeeping  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

C. Written Procedures for Spill Cleanup?

- \_\_\_\_\_ Biohazards
- \_\_\_\_\_ Chemicals
- \_\_\_\_\_ Mercury
- \_\_\_\_\_ Antineoplastic Agents

D. Waste Disposal

- \_\_\_\_\_ Bagging Procedures for Isolation Rooms
- \_\_\_\_\_ Bag Labeling and Tagging Requirements
- \_\_\_\_\_ Infections Waste Disposed of by Contractor or Incinerated on Site?

Comments:

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D. Chemical Hazard Communication

- Chemical inventory list for cleaners, solvents and disinfectants
- Employee training covering hazards and safe use
- MSDS file and location
- Written hazard communication program
- Primary and secondary labeling
- Chemical resistant gloves
- Proper eye protection
- Protective apron or gown as indicated
- Solvents and chemicals transferred from bulk containers?
- Bulk containers properly labeled?
- Shower and eyewash facilities provided
- Bonding and grounding required when transferred from bulk containers

Comments:

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Laundry  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

- \_\_\_\_\_ Protective gloves (PVC or Latex or Nitrile)
- \_\_\_\_\_ Splash resistant glasses or goggles (if indicated)
- \_\_\_\_\_ Gowns (spill resistant, closed front, long sleeve)
- \_\_\_\_\_ Hand washing following glove removal, before eating, drinking, and smoking
- \_\_\_\_\_ Addresses reporting of sharps injuries and other potential exposure.
- \_\_\_\_\_ Infection control procedures
- \_\_\_\_\_ How and when to report injuries

C. Chemical Hazard Communication

- \_\_\_\_\_ Written hazard communication program
- \_\_\_\_\_ Chemical Inventory List for cleaners and detergents
- \_\_\_\_\_ Employee training outlining hazards and safe use
- \_\_\_\_\_ MSDS's – File and location
- \_\_\_\_\_ Primary and secondary chemical container labeling

Comments:

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D. Personal Protective Equipment (chemical agents)

- \_\_\_ Chemical resistant gloves
- \_\_\_ Proper eye protection
- \_\_\_ Protective apron or chemical resistant gown

E. Emergency Washing Facilities Required?  Yes  No

- \_\_\_ Clearly labeled with location signs provided
- \_\_\_ Unobstructed pathway
- \_\_\_ Eyewash provides at least 1.5 l/min for 15 minutes

F. Isolation Bagging and Labeling

- \_\_\_ Soiled linens bagged with fluid resistant labeled Bags
- \_\_\_ Materials contaminated with infective, cytotoxic, or radiopharmaceuticals labeled
- \_\_\_ Requires Minimum Handling of Soiled Linens

G. Heat Stress

- \_\_\_ Heat Stress Included as Part of Accident Prevention Program?
- \_\_\_ Employee training

Comments:

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Central Supply  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

- \_\_\_\_ Protective gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Gowns (spill resistant, closed front, long sleeve)
- \_\_\_\_ Hand antiseptis following Glove removal, before eating, drinking, and smoking
- \_\_\_\_ Addresses reporting of sharps injuries and other potential exposures
- \_\_\_\_ Infection control procedures
- \_\_\_\_ How and when to report injuries

C. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS's – File and location
- \_\_\_\_ Employee training covering hazards and safe use

D. Written Ethylene Oxide Compliance Program?  Yes  No  N/A

- \_\_\_\_ Medical surveillance program
- \_\_\_\_ Schedule for periodic leak detection surveys
- \_\_\_\_ Emergency response plan
- \_\_\_\_ Employee training
- \_\_\_\_ Employee exposure records

Comments:

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E. Infection Control Program?  Yes  No

- \_\_\_\_ Employee exposure determination
- \_\_\_\_ HBV vaccination program
- \_\_\_\_ Sharps handling procedures
- \_\_\_\_ Review of Personal Protective Equipment requirements

F. Waste Disposal

- \_\_\_\_ Sharps containers provided and immediately available
- \_\_\_\_ Adequate bagging and labeling?

G. Personal Protective Equipment Required?  Yes  No

- \_\_\_\_ Chemical resistant gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Respiratory protection

H. Standard Precautions observed

- \_\_\_\_ Protective Gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Hand antisepsis

I. Emergency Response

- \_\_\_\_ Emergency Response plan
- \_\_\_\_ Written Respiratory Protection Program?
- \_\_\_\_ Emergency Response and Respiratory Protection training

Comments:

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Nursing Services  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Manager \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Infection control programs

- \_\_\_\_ Standard precautions
- \_\_\_\_ Contact precautions
- \_\_\_\_ Droplet precautions
- \_\_\_\_ Airborne isolation precautions
- \_\_\_\_ Safe sharps handling
- \_\_\_\_ Respiratory etiquette
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Biomedical waste handling
- \_\_\_\_ BBP Exposure Control Plan
- \_\_\_\_ TB exposure Control Plan
- \_\_\_\_ Exposure reporting

C. Safety and Health Committee

- \_\_\_\_ Designated Representative from Nursing Services
- \_\_\_\_ Meetings held on a routine basis
- \_\_\_\_ Meeting minutes on file

Comments:

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D. Chemical Hazard Communication Program

- Written Hazard Communication Program
- MSDS access
- Chemical inventory
- Employee training
- Designated program administrator

E. Antineoplastic Drugs and Cytotoxic Agents

- Bio-safety cabinets
- Personal Protective Equipment
- Transporting
- Labeling
- Spill response
- Disposal
- Training
- Medical surveillance

F. Aerosolized Drugs

- Respiratory protection
- Engineering controls
- Room evacuation
- Training
- Medical surveillance

Comments:

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Respiratory Therapy

Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Manager \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

- \_\_\_\_ Protective Gloves (PVC or Latex or Nitrile)
- \_\_\_\_ Face protection
- \_\_\_\_ Gowns (Spill Resistant, Closed Front, Long Sleeve)
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Exposure reporting
- \_\_\_\_ Infection Control procedures

C. Safety and Health Committee

- \_\_\_\_ Designated Representative from Respiratory Therapy
- \_\_\_\_ Meetings held on a routine basis
- \_\_\_\_ Meeting minutes on file

D. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS access
- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Employee training

Comments:

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E. Aerosolized Drugs

- Respiratory protection
- Engineering controls
- Room evacuation
- Training
- Medical surveillance

Comments:

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Dialysis  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

- \_\_\_\_ Protective Gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Exposure reporting
- \_\_\_\_ Infection Control Procedures
- \_\_\_\_ Biomedical waste handling

C. Safety and Health Committee

- \_\_\_\_ Designated Representative from Dialysis
- \_\_\_\_ Meetings Held on a routine basis
- \_\_\_\_ Meeting minutes on file

D. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS access
- \_\_\_\_ Chemical Inventory
- \_\_\_\_ Safe handling and disposal procedures
- \_\_\_\_ Employee Training

Comments:

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E. Formaldehyde/Formalin

- \_\_\_\_ Employee Exposure Monitoring Completed
- \_\_\_\_ Review Exposure Data
- \_\_\_\_ Spill response procedures
- \_\_\_\_ Personal Protective equipment
- \_\_\_\_ Respiratory protection
- \_\_\_\_ Medical surveillance

F. Glutaraldehyde

- \_\_\_\_ Used in well ventilated area
- \_\_\_\_ Stored in basin with tight fitting cover
- \_\_\_\_ Spill response procedures
- \_\_\_\_ Personal Protective Equipment
- \_\_\_\_ Respiratory protection
- \_\_\_\_ medical surveillance

G. Emergency Shower Eyewash?  Yes  No

- \_\_\_\_ Clearly labeled with location signs
- \_\_\_\_ Readily accessible
- \_\_\_\_ Routine activation/maintenance

Comments:

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Emergency Room  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions Observed

- \_\_\_\_ Protective gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Exposure reporting
- \_\_\_\_ Infection Control Procedures
- \_\_\_\_ Biomedical waste handling
- \_\_\_\_ Isolation procedures

C. Safety and Health Committee

- \_\_\_\_ Designated representative from the Emergency Room
- \_\_\_\_ Meetings held on a routine basis
- \_\_\_\_ Meeting minutes on file

D. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS accessible
- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Safe handling procedures
- \_\_\_\_ Employee Training

Comments:

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Oncology Department  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Manager \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. standard Precautions observed

- \_\_\_\_ Protective gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Exposure reporting
- \_\_\_\_ Biomedical waste handling

C. Safety and Health Committee

- \_\_\_\_ Designated representative from Oncology
- \_\_\_\_ Meetings held on a routine basis
- \_\_\_\_ Meeting minutes on file?

D. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS accessibility
- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Safe handling protocols
- \_\_\_\_ Employee training

Comments:

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E. Antineoplastic agent safety

- Bio-safety cabinets
- Personal Protective Equipment
- Transporting
- Labeling
- Spill response
- Disposal
- Training
- Medical surveillance

F. Waste Disposal and Cleanup

- Waste placed in appropriate containers
- Containers labeled
- Segregated from other hospital wastes
- Sharps containers immediately available
- Safe sharps handling
- Spill response procedures

Comments:

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Food Service Department  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Manager \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

B. Standard Precautions observed

- \_\_\_\_ Protective gloves
- \_\_\_\_ Face protection
- \_\_\_\_ Protective clothing
- \_\_\_\_ Hand antisepsis
- \_\_\_\_ Exposure reporting
- \_\_\_\_ Biomedical waste handling

C. Safety and Health Committee

- \_\_\_\_ Designated representative from Oncology
- \_\_\_\_ Meetings held on a routine basis
- \_\_\_\_ Meeting minutes on file?

D. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS accessibility
- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Safe handling protocols
- \_\_\_\_ Employee training

Comments:

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E. Housekeeping

- Walking surfaces kept clean and free of grease and water
- Non-skid flooring used around sinks, stoves, and dishwashers
- Floor mats used
- Step stools provided to reach storage shelves

F. Freezer/Refrigeration

- Opening devices on all doors that can be activated from the inside
- No slipping hazards
- Aisles kept clear and uncluttered

G. Heat Stress

- Employee training
- Break schedules
- Hydration encouraged

H. Equipment

- Proper machine guarding provided on saws, slicers, and grinders
- Push sticks used to feed food grinders and hoppers
- Rubber guards over waste food disposal grinders

Comments:

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Surgical Services  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor\_\_\_\_\_

Title\_\_\_\_\_

Employee Rep\_\_\_\_\_

Title\_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

1. Universal Precautions Observed

- \_\_\_\_ Protective Gloves (PVC or Latex or Nitrile)
- \_\_\_\_ Splash Resistant Glasses or Goggles (if indicated)
- \_\_\_\_ Gowns (Spill Resistant, Closed Front, Long Sleeve)
- \_\_\_\_ Hand Washing Following Glove Removal, before Eating, Drinking, and Smoking
- \_\_\_\_ Addresses Reporting of Needlestick Injuries and other Potential Exposure.
- \_\_\_\_ Infection Control Procedures
- \_\_\_\_ How and When to Report Injuries

2. Safety and Health Committee

- \_\_\_\_ Designated Representative from Central Supply?
- \_\_\_\_ Meetings Held on a Routine Basis?
- \_\_\_\_ Meeting Minutes on File?

3. Back Injury Prevention and Training

- \_\_\_\_ Overview of Proper Lifting Techniques
- \_\_\_\_ Emphasizes use of Additional Help and Mechanical Aids
- \_\_\_\_ Pain or Injuries Reported and Recorded?

Comments:\_\_\_\_\_

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4. Chemical Hazard Communication Program?  Yes  No

- \_\_\_\_ Chemical Inventory List
- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS's – File and Location
- \_\_\_\_ Employee Training Covering Hazards and Safe Use

B. Infection Control Program?  Yes  No

- Policy Regarding HBV Vaccinations
- All Employees Whose Job or Activities Require use of Universal Precautions
- Precautions to Prevent Injuries when Handling Needles and Other Sharps
- Review of Personal Protective Requirements
- Identifies Department Operations Involving Substantial Risk of Direct Exposure to Body Fluids
- Addresses Disposal of Potentially Contaminated Items

Comments: \_\_\_\_\_

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C. Safety and Health Committee?

- Designated Representative from Surgical Service?
- Meetings Held on a Routine Basis?
- Meeting Minutes on File?

Comments: \_\_\_\_\_

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D. Compressed Gasses

- Cylinders Stored in Well Ventilated Area
- Cylinders Transferred With Cylinder Dolly Equipped with Securing Chain

Comments: \_\_\_\_\_

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E. Glutaraldehyde

1. Safe Use and Handling

- Used in Well Ventilated Area
- Stores in Basins with Tight Fitting Cover or Lid
- Goggles and Gloves Provided and Required?
- Emergency Eyewash Provided or Required?

Comments: \_\_\_\_\_

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F. Anesthetic Gasses

1. Exposure Control and Medical Monitoring

\_\_\_ Operating Rooms Equipped with Scavenging System to Collect and Ventilate Waste Gasses?

\_\_\_ Anesthesia Equipment Checked and Monitored Periodically for Detection of Leaks?

\_\_\_ Personal Monitoring for Exposure to Enflurane, Halothane, Isoflurane, and Nitrous Oxide?

\_\_\_ Review Sampling Data

\_\_\_ Employees Trained in Hazards and Recognition of Anesthetic Gasses?

H. Laser Equipment

1. Safety and Controls

- Designated Laser Safety Officer?
- Written SOP Addressing Hazards and Handling Practices
- Protective Housing Provided and/or Safety Interlock Provided on each System
- Safety Education and Training Provided to Laser Area Personnel
- Warning Signs and Labels Provided in Appropriate Areas?
- Protective Eyewear Adequate and Required to be Worn all Laser Personnel?

Maintenance Engineering  
Compliance Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insp # \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Employee Rep \_\_\_\_\_

Title \_\_\_\_\_

A. Written Accident Prevention Program?  Yes  No

1. Program Elements

- \_\_\_\_ Power Equipment Safety
- \_\_\_\_ Fire and Electrical Safety
- \_\_\_\_ Hazard Communication
- \_\_\_\_ Reporting of Unsafe Conditions and Practices
- \_\_\_\_ Infection Control Procedures
- \_\_\_\_ How and When to Report Injuries
- \_\_\_\_ Proper Lifting Techniques
- \_\_\_\_ Hearing Conservation Program
- \_\_\_\_ Respiratory Protection
- \_\_\_\_ Personal Protective Equipment Requirements
- \_\_\_\_ Lock out / Tag Out Procedures
- \_\_\_\_ Emergency Procedures for Chemical Spills

Comments: \_\_\_\_\_

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B. Safety and Health Committee?

- \_\_\_\_ Designated Representative from Engineering?
- \_\_\_\_ Meetings Held on a Routine Basis?
- \_\_\_\_ Meeting Minutes on File?

Comments: \_\_\_\_\_

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C. Chemical Hazard Communication Program?

!. Requirements

- \_\_\_\_ Chemical Inventory List for Various Chemicals and Solvents
- \_\_\_\_ Written Hazard Communication Program
- \_\_\_\_ MSDS's – File and Location
- \_\_\_\_ Employee Training Covering Hazards and Safe Use
- \_\_\_\_ Primary and Secondary Labeling

2. Personal Protective Equipment

- \_\_\_ Chemical Resistant Gloves
- \_\_\_ Proper Eye Protection
- \_\_\_ Protective Apron or Gown as Indicated

3. Chemical Handling and Mixing

- \_\_\_ Solvents and Chemicals Transferred from Bulk Containers?
- \_\_\_ Bulk Containers Properly Labeled?
- \_\_\_ Shower and Eyewash Facilities Provided?

4. Emergency Deluge Shower and Eyewash?  Yes  No

- \_\_\_ Clearly Labeled with Location Signs
- \_\_\_ Unobstructed Pathway
- \_\_\_ Eyewash Provides at Least 1.5 l/min for 15 minutes

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Maintenance of EtO or Anesthetic Gas Delivery System?  Yes  No

1. Personal Protective Equipment Requirements

- \_\_\_ Protective Gloves (PVC or Latex or Nitrile)
- \_\_\_ Face Shield
- \_\_\_ Floor Mats Provided and in Good Condition

2. Emergency Respirators?  Yes  No

- \_\_\_ Type, \_\_\_\_\_ Mfr., \_\_\_\_\_ Model \_\_\_\_\_
- \_\_\_ Training
- \_\_\_ Monthly Inspection
- \_\_\_ Written Respiratory Protection Program

Comments: \_\_\_\_\_  
\_\_\_\_\_

E. Confined Space Entry Required?

- \_\_\_ Boilers, Underground Utilities, and Vaults
- \_\_\_ Written Program Developed as Part of Accident Prevention Program
- \_\_\_ Employees Trained in Safe Procedures to be Followed
- \_\_\_ Atmospheric Testing and Evaluation made Prior to Entry
- \_\_\_ Proper Personal Protective Equipment Provided and Required
- \_\_\_ Vapor Freeing Conducted Prior to Entry

Comments: \_\_\_\_\_

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F. Hearing Conservation Program?  Yes  No

- \_\_\_ Personal Noise Dosimetry Conducted?
- \_\_\_ Hearing Protection Required?
- \_\_\_ Baseline and Annual Audiograms Conducted?
- \_\_\_ Employee Training Program Implemented?
- \_\_\_ Warning Signs Posted at Entrances in Work Areas Where Employees may be Exposed to 115db or Greater?
- \_\_\_ Employees Informed of Results of Audiometric Testing

Comments: \_\_\_\_\_

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G. Heat Stress

- \_\_\_ Employees Trained in Effects of High Heat and Humidity and also Heat Stress Prevention Methods?
- \_\_\_ Employees Provided and Encouraged to take Frequent Rest Periods?
- \_\_\_ Heat Stress Included as Part of Accident Prevention Program?

Comments: \_\_\_\_\_

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