

Health Care Provider Safety Self-Inspection Checklist

Indicate a Y (yes) or an N (no)

- OSHA Notice Poster posted where employees can readily view?
- OSHA 300 Illness/Injury Log maintained and posted February to April 30th annually?
- Are employees exposed to the hazards of Human Immunodeficiency Virus (HIV) Hepatitis B (HBV), Tuberculosis (TB) or other Bloodborne Pathogens? If so, has the employer established a written Exposure Control Plan designed to eliminate or minimize exposure?
- Does the employer inform source, obtain consent, test source for HIV/HBV following employee exposure from needle stick, mucous membrane exposure, or cutaneous exposure?
- Does the employer: test the patient for HIV as soon as possible after above exposures where negativity has not yet been confirmed; provide HIV testing of exposed workers as soon as possible after exposure with seronegativity tested at 6 weeks, 12 weeks and 6 months; advise the employee to seek medical attention for those illnesses which occur?
- Does the employer provide Hepatitis B vaccine free of charge to those employees having occupational exposure to HBV?
- Does the employer have a Sharps Policy forbidding the recapping or re-sheathing of needles?
- Does the employer have and enforce a policy of universal precautions regarding blood and other potentially infectious materials (OPIM)?
- Are adequate and appropriate sharps disposal containers provided?
- Are all areas of the facility maintained in a clean orderly condition?
- Are all open sided floors or work platforms and stairways adequately guarded?
- Are all exit signs requiring illumination provided same?
- Are all exits provided appropriate and visible marking as exits?
- Are all compressed gas (oxygen) bottles and cylinders secured to prevent them from falling over or from being knocked over?
- Is necessary personal protective equipment in use at locations and activities where it is required?
- Is adequate eye and face protection provided and used where required?
- Are appropriate BIOHAZARD tags, labels, or signs used to identify potential or actual biohazards and to identify equipment, containers, rooms, experimental animals, or combinations thereof, that contain or are contaminated with blood or other potentially infectious material?

Health Care Provider Safety (cont.) Self-Inspection Checklist

Indicate a Y (yes) or an N (no)

- Does the employer, where appropriate; have a lock-out/tagout program to prevent employee exposure to hazardous energy associated with electricity, machines, and equipment?
- Has the employer provided suitable facilities for eye washing or body drenching within the proximity of activities or operations where there is a likelihood of splash, spray, or splatter of blood or other potentially infectious material or where caustic or corrosive chemicals are in use?
- Are fire extinguishers and hoses visually examined on a monthly basis to ensure proper function?
- Are all fire extinguishers provided an annual maintenance check by a qualified person?
- Are moving parts, belts, gears and pulleys of machines and equipment in the facility adequately and properly guarded to prevent accidental contact?
- Are the wiring and components of the facility and its equipment free of hazards due to exposed live electrical parts?
- Is the facility and equipment wiring adequately grounded?
- Do the facility and equipment cords, fixtures, panels, and boxes have proper strain relief, abrasion protection, and no unused openings?
- Are all electrical boxes, panels, fixtures, and fittings equipped with appropriate covers?
- Does the employer have a written Hazard Communication/Employee Right-to-Know program?
- Does the Hazard Communication Program contain a complete list of all hazardous chemicals?
- Are all containers of hazardous materials adequately and properly labeled with contents and hazard warnings?
- Are Material Safety Data Sheets (MSDS) for all hazardous materials properly maintained and readily accessible?
- Does the employer provide adequate comprehensive training to all employees regarding exposure to hazardous materials?

Name of Person Completing Checklist

Date

Remember to practice safety. Don't learn it by accident.

*This checklist was developed with information from the Montana Department of Labor,
the Occupational Health and Safety Administration,
and the Texas Department of Insurance – Division of Workers' Compensation
The Division has numerous health and safety publications for Health Care Providers.
These can be found at our website at: www.tdi.state.tx.us/wc/safety/videoresources/onlinepubsb.html*