

ABC HOSPITALS - FACILITY INSPECTION ROUNDS CHECKLIST

ANY CHECK MARK UNDER 'NOT OK' COLUMN REQUIRES IMMEDIATE ACTION FROM CONCERNED DEPT/UNIT/STAFF

	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
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Location Name: _____ **Date:** _____

Facility Manager/Safety Engineer Name: _____ **Department Representative Name:** _____

SAFETY This section required for all departments and staff,

a) Can staff name their floor fire wardens?				
b) Can you name the topic of your last department safety training?				
c) Do slip/trip hazards exist?				
d) Are staffs using proper lifting techniques?				
e) Does staff know to report an incident?				
f) Ceiling systems are secured and accessible				
g) Staircases are uniform and unobstructed				
h) All windows are locked and are out of reach in patient care areas				
i) Noise levels controlled and appropriate PPE available in areas where sound levels are high				
j) Handrails are continuous and secure				
k) All washrooms accessed by patients have grab bars accessible				
l) All washrooms accessed by patients have emergency call bell button with appropriate signage				
m) No tiles broken or cracked				
n) All floor surfaces are even; no irregularities noticed				

HAZARDOUS MATERIALS MANAGEMENT This section required for all departments; however some items may not apply to a department

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a) Is the Chemical Inventory in the Department current?				
b) Does staff know how to access the Material Safety data sheet?				
c) Are chemicals properly stored, and labelled with NFPA Diamond/ GHS labeling?				
d) Is there appropriate PPE located in the vicinity of chemical use?				
e) Is there a chemical spill kit located in an accessible area?				
f) Does staff know how to use a chemical spill kit?				
g) Are compressed gas cylinders properly stored, labelled and secured? (chained)?				
h) Are sharps containers secured?				
i) All chemicals are stored at eye level or below				
j) Biomedical Waste segregation compliant				
k) Biomedical Waste are stored in closed bins and transported in closed trolleys				
l) Biomedical Waste temporary storage area is monitored for Humidity and temperature				
m) Biomedical Waste disposal records available				

LIFE & FIRE SAFETY

This section required for all departments

a) Are electrical panels, communication panels, fire pulls, and fire extinguishers unobstructed?				
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b) Are corridors/hallways & stairwells clear/uncluttered?				
c) Are fire doors & walls free of paper signs/postings?				
d) Is there an 18" clearance maintained from the sprinkler head?				
e) Are doors wedged open?				
f) Do staff know where the closest fire alarm pull station and fire extinguisher are located?				
g) Does staff know what steps to take if they were to discover a fire?				
h) Sprinkler system functional				
i) Hydrant pressure adequate				
EMERGENCY PREPAREDNESS MANAGEMENT This section required for all departments				
a) Describe the evacuation procedures for your unit/ department				
b) What is PASS and RACE, how or when to use them				
c) Can you access and locate Fire Response plan document?				
d) Nursing Units: do you know where the nearest evacuation (stair case) on this floor?				
e) HVA completed?				

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f) Emergency Codes displayed and visible for all				
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SECURITY MANAGEMENT	This section required for all departments			
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a) Are employee wearing Identity cards?				
b) Are doors of electrical, server, mechanical rooms/duct locked?				
c) All entry and exit points are controlled				
d) CCTV coverage adequate across the hospital				
e) Blind spots identified and interim measures implemented				
f) Are alarm panel display systems working?				
g) Does Staff know how to contact Security in an emergency?				

UTILITY MANAGEMENT	This section required for all departments, however some items may not apply to a department			
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a) Is signage present on all doors denoting what type of room is behind the door?				
b) Are electrical vaults/rooms free of stored items, such as, boxes, cleaning materials and combustible materials?				
c) Are electrical panels labelled and locked as needed?				
d) Do the battery powered egress lights / EXIT signs functioning?				
e) Check eye wash/shower station – Is the station working properly? Clean? Documented each week?				
f) Are the areas under sinks clear of supplies, mold or damage?				

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g) Do elevator doors allow enough time for wheelchair entry/exit & are elevator buttons in good shape?				
h) Are all lights working (including elevator)?				
i) Are floors, walls, ceiling tiles or doors damaged?				
j) Are trash secured against unauthorized use?				
k) Are medical gas valves labelled according to the location it's supplied?				
l) Do employees know the procedure for turning off the medical gas valve in their department in case of an emergency?				
m) Do employees know locations of the emergency power outlets & what should be plugged in to them?				
n) Is ventilation adequate for chemicals used in this area?				
o) Can you see exit signs in the hallways?				
p) Are fire extinguisher(s) present & inspection tags current?				
q) Are Nurse Call buttons working?				
r) Do employees know how to submit a Facilities repair request (phone-in and email)?				
s) Are name boards or other wall hangings properly mounted?				
t) Are temperature monitoring sheets updated for refrigerators				

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EQUIPMENT MANAGEMENT	This section required for all departments, however some items may not apply to a department			
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a) Does all equipment have a proper ID number and due PM sticker?				
b) Is the cardiac defibrillator on crash cart checked every shift (is the log filled out)?				
c) Are electrical equipment, cord, plug, etc. in good condition?				
d) Does staffs respond when clinical alarms sound?				
e) Does the employee know how to report and identify malfunctioning/defective patient care equipment?				
f) Does the staff know how to determine if a specific piece of patient care equipment has a current inspection and is ready for use on patients?				
g) Does the staff received training on those medical equipment they are handled				

ENVIRONMENTAL CLEANLINESS	This section required for all departments, however some items may not apply to a department			
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a) Are the floors, walls, counters, cupboards and bookshelves clean and free of clutter?				
b) Do bathrooms clean, fresh smell, & are there signs of mold/mildew?				
c) Are supply carts free of dust/debris?				
d) Is Patient Care equipment clean?				
e) Are soiled utility rooms clean? Waste containers appropriately labelled?				

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f) Are soiled linen containers covered?				
g) Is the staff lounge clean & orderly?				
h) Are areas free of horizontal dust?				
i) Are there enough trash bins?				
j) Are elevators clean and lights working?				
k) Are all areas except designated smoking areas free of people smoking and free of any evidence of smoking?				
l) Do light fixtures appear clean without debris?				
m) Are fan blades and air vents clean?				
n) Are walls without marks/ink/etc?				
STORAGE, UTILITY, WASTE & MEDROOMS This section required for all departments				
a) Doors locked & supplies/meds or waste secure?				
b) Are all boxes/paper goods/food off floor?				
c) Are utility rooms clearly labelled clean vs. soiled and equipment stored appropriately?				
d) Is the area clean, neat & orderly, with no clutter?				
e) Are refrigerator/freezers clean including gaskets and doors free of mildew?				

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f) Are foods, meds & sample collection stored separately?				
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OTHER FINDINGS/REMARKS

Inspected By - Name	Designation	Signature	Date

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