

HEALTHCARE SAFETY INSPECTION

Facility/Location: _____

Inspected By: _____

Date: _____

ELEVATORS	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Motors properly protected from dirt and steam?					
2. Electrical wiring in good repair, outlets are convenient on the crossheads and in the pit.					
3. Protection for electrical control panels?					
4. Fire Extinguishers available?					
5. Floors and landing sill are in good repair and free of tripping hazards?					
6. Hoist-way interlocks operating and protected?					
7. Routine inspection of hoisting and counterweight wire ropes?					
8. Elevator pit in good condition, free of debris, with a minimum of 2 ft. between the lowest projection on the underside of the platform?					
9. Safe and convenient access to the machine room and pit?					
10. Adequate lighting in the machine room, pit, overhead space, all cars, and landings?					

11. Safe working load capacity of elevator marked?					
12. Emergency exit provided, marked and instructions posted?					
13. Safety devices tested and working properly?					
14. Elevator inspected regularly?					
15. Inspectors wear close-fitting clothing and do not wear gloves, except when checking wire rope?					
16. Are fixtures free of sharp edges and in good condition?					
17. Freight elevators are classified and used according to load requirements.					
18. Is there adequate ventilation?					

Management signature _____ **Date** _____