

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

ACTIVITIES & SOCIAL SERVICES	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Floor surfaces clean and free of cracks and holes?					
2. Floors kept dry and spills cleaned up immediately?					
3. Equipment free of water leaks?					
4. Employees performing proper lifting?					
5. Employees using safe working practices?					
6. Electric cords safely placed?					
7. Electrical outlets, switches and cords in good condition?					
8. Rooms free of electrical appliances?					
9. Are extension cords used?					
10. Carts well maintained, move easily?					
11. Room free of glass items?					
12. Hazardous materials safely stored & MSDS training complete?					
13. Adequate lighting?					
14. Room furnishings safely arranged?					
15. Sharp tools handled and stored safely?					
16. Helium tanks properly secured?					
17. Residents free of lighters and matches?					
18. Employees instructed in fire prevention?					
19. Routine testing of resident security systems?					
20. Are fire exits marked and kept clear?					
21. Is the fire extinguisher accessible with current inspection tags?					
22.					
23.					
24.					

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Management Signature _____ **Date** _____