

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

EXTERIOR – GENERAL	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Pavement is in good repair?					
2. Parking area has adequate lighting?					
3. Parking area is free of trash and debris?					
4. Fire/other zones marked “No parking”?					
5. Handicapped parking marked?					
6. Parking lines clearly marked?					
7. Sidewalks in good repair?					
8. Adequate outside lighting?					
9. No tripping hazards?					
10. No obstructions?					
11. Hazardous areas fenced?					
12. Docks clear of debris and excess storage?					
13. Fire hydrants and fire department connections unobstructed?					
14. Fences, railings and gates in good repair?					
15. Exterior furniture in good repair?					
16. Grounds properly maintained?					
17. Grounds drain properly?					
18. Appropriate containers for cigarette butts?					
19. Regulated medical waste areas labeled “Biohazard” and kept locked?					
20. Hazard Communication Program & MSDS training is complete?					
21. Emergency exit doors and walkways kept clear of snow or other obstructions?					
22. Safe Operating Procedures completed & available for all outside equipment?					
23. PPE provided as needed?					
24.					
25.					

Management Signature _____ **Date** _____