

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

LAUNDRY	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Employees lifting properly?					
2. Floor safety: a) All floor surfaces clean and free of cracks? b) Carts kept on one side? c) "Wet Floor" signs used and removed in a timely manner? d) Spills cleaned up immediately?					
3. Windows are in good repair?					
4. Equipment free of water leaks?					
5. Pathways clear and unobstructed?					
6. Drains and vents clean and free of lint?					
7. Dryer tops and sprinkler heads lint-free?					
8. Dryer filters clean?					
9. Carts maintained and move easily?					
10. Laundry carts equipped with raising bottoms?					
11. Soiled linens examined for foreign objects before removal to laundry?					
12. Sharps container available and used properly?					
13. Area is clean and free of clutter?					
14. Hazardous materials labeled and safely stored?					
15. Material Safety Data Sheets (MSDS) available & training completed?					
16. Ventilation is adequate?					
17. Are any doors blocked?					
18. Doors operable and positive latch?					
19. Are gloves and gowns available and used when sorting dirty linens?					
20. Staff trained in Universal Precautions?					
21. Washer and dryers will not operate when doors are open?					
22. Equipment guards in place?					
23. Dry chemical extinguisher					

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present?					
24. Eyewashes available?					
25. Cords and plugs free of damage?					
26. Power equipment in good repair?					
27. Are outlets installed within six feet of a water source GFCI protected?					
28. Three-prong grounded plug on equipment?					
29. Are regular maintenance checks done on all equipment?					
30. Adequate lighting available?					
31. Are benches for linen folding at appropriate working height?					
32. Ergonomic issues addressed (repetitive motion/prolonged posture)?					
33. Linen carts kept covered while being transported?					
34. Personal Protective Equipment (PPE) available? (goggles, gloves, aprons, etc)					
35.					
36.					
37.					

Management Signature _____ **Date** _____