

NURSING HOME SAFETY INSPECTION

Nursing Home: _____

Inspected By: _____ **Date:** _____

OFFICE AREAS	YES	NO	HAZARD	CORRECTIVE ACTION	Initial & Date
1. Work areas clean and orderly?					
2. Aisles kept clear?					
3. Equipment stored properly?					
4. Electric cords out of the way and in good repair?					
5. Free of tripping hazards?					
6. File cabinet drawers closed?					
7. Only one file drawer opened at a time?					
8. Illumination adequate?					
9. Adjustable chairs?					
10. Computer areas ergonomically set up? a) Adjustable keyboards? b) Glare on screens reduced? c) Adjustable screen? d) Phones with head sets, if necessary?					
11. Foot rest available, if necessary?					
12. Flooring poses tripping hazard?					
13. Stable stool available to reach files on higher shelves.					
14. Heavy file boxes stored on lower shelves?					
15. Hazard Communication Program & MSDS training is complete?					
16.					
17.					

Management Signature _____ **Date** _____