

OSHA INSPECTION TOOL for COMPLIANCE EVALUATION

Clinic: _____ Location: _____ Date: _____

Clinic Representative: _____ Inspector: _____

ADMINISTRATIVE & MANAGERIAL COMPLIANCE

WRITTEN SAFETY PROGRAM

	Yes	No	N/A
Is there a written safety policy statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are personnel assigned specific responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the written program reviewed at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a designated "safety committee"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the "safety committee" meet regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there documentation of these meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

FIRE SAFETY

	Yes	No	N/A
Is the automatic sprinkler systems water control valves, air and water pressure checked periodically as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire alarm system certified as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire alarm system tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the employees are to use the fire extinguishers are they trained initially?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the employees are to use the fire extinguishers are they trained annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a written fire safety program/protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

HAZARD COMMUNICATIONS

	Yes	No	N/A
Is there a inventory listing or these hazardous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there Material Safety Data Sheets for these hazardous materials readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a specified "labeling" system for the hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a written Hazard Communication Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the employees trained initially on the Haz. Comm. Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the existing employees trained annually on the Haz. Comm. Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there written procedures for dealing with a chemical spill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

BLOODBORNE PATHOGENS EXPOSURE CONTROL

	Yes	No	N/A
Is there a written Blood Borne Pathogens Exposure Control Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees identified by titles as being exposed or non-exposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exposed new employees trained on BBP within 10 days of assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exposed new employees offered the Hep B vaccinations within 10 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are new employees given the Hep B vaccinations within 10 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are existing employees given their Hep B vaccinations according to schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the medical records for employees kept separate from their personnel files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the medical records for employees readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a list that identifies of the exposed tasks and PPE required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the existing employees trained annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are medical waste manifests kept for at least 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

TUBERCULOSIS INFECTION CONTROL

	Yes	No	N/A
Has there been an "Risk Analysis" performed for the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees initially tested for TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are existing employees annually tested for TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees initially trained in TB infection-control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are existing employees trained annually in TB infection-control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a written procedure for TB infection-control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

RECORD KEEPING

	Yes	No	N/A
Are the written safety programs reviewed at least annually & documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee training records kept for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do training records indicate date, employee and instructor's names & items trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are medical records and exposures kept for 30 years + employees employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there consent/declination forms on file for all exposed employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are OSHA 200 forms kept for all employers with 11 or more employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all these records readily available for an OSHA inspector or employees request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

Total Points = _____ = _____ %
Available Points = 43

SITE - SPECIFIC COMPLIANCE INSPECTIONS

Location: _____ Date: _____ Clinic Rep: _____

POSTERS & SIGNS

	Yes	No	N/A
Are the required Federal laws posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the required State laws posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all exits marked with exits signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the required Radiation exposure signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

GENERAL WORK ENVIRONMENT

	Yes	No	N/A
Are all work areas clean, sanitary, & orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the work areas adequately illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exit signs illuminated and by a reliable source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the directions to exits, when not immediately apparent, marked with visible signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are areas that might exceed acceptable noise limits monitored & employees protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all exits kept free of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are non-exit doors clearly marked as "Not an Exit"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

EMERGENCY PRECAUTIONS

	Yes	No	N/A
Are emergency phone numbers posted where they can be readily found ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are written evacuation procedures posted in each work area or department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there sufficient exits to permit prompt evacuations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the doors that serve as exits designed so that the way of exit travel is obvious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can exit doors be opened without the use of a key or any special knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

ELECTRICAL

	Yes	No	N/A
Are all electrical appliances grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are multiple plug adapters prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exposed wiring and cords with frayed or deteriorated insulation replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all disconnecting switches and circuit breakers labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is sufficient access working space about all electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are switches, receptacles, etc. provided with tight fitting covers or plates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a biomedical equipment company provide annual safety inspections for companies equipment and biannually for any defibrillators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

FIRE SAFETY

	Yes	No	N/A
Are the fire doors unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable fire extinguishers provided in adequate numbers and type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable fire extinguishers mounted in readily accessible locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the fire extinguishers recharged regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire extinguisher recharging noted on the inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If employees are asked to use the fire extinguishers are they checked monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

HAZARD COMMUNICATIONS

	Yes	No	N/A
Are there any hazardous chemicals used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the employees know where the Material Safety Data Sheets are located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are those materials that require labeling being properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the labels readable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the employees know how to deal with a chemical spill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are eyewash stations within 10 sec and 100 feet from the use of hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do employees wear appropriate PPE when working with these chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there appropriate spill kits/materials available for hazardous chemical spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

BLOODBORNE PATHOGENS EXPOSURE CONTROL

	Yes	No	N/A
Are there Sharps containers in all areas that injections or blood draws would occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there Biohazard containers in all areas where non-sharp infectious waste occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the Sharps and Biohazard containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the refrigerator where blood or blood products properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are food or drink NOT allowed in the refrigerator where blood or blood products are kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate hand washing facilities available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the laundry handled as little as possible and bagged at the location where used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate sizes and types of personal protective equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

TUBERCULOSIS INFECTION CONTROL

	Yes	No	N/A
Do employees know what to do when an potentially active TB patient checks in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are HEPA filter or N95 rated respirators readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

DOCUMENTATION

	Yes	No	N/A
Is the temperature in the refrigerator where blood or drugs kept logged daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the decontamination of each room or area documented daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Autoclave spore testing performed monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Autoclave drained/cleaned and wiped down according to procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the eyewash stations inspected and flushed with water weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Points = _____ = %
Available Points = **53**