

Safety Inspection Check List

Health Care Facilities

Report other unsafe acts and conditions so that corrective action may be taken.

Location Inspected: _____ Date: _____
Signed: _____ Time: _____ am/pm

This list is intended only as a reminder. Report other unsafe acts and conditions so that corrective action may be taken.

| 1. Means of Egress | Satisfactory Condition | Unsatisfactory Condition | N/A |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Exits clearly marked, lights on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exit ways free of obstructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stairway and fire doors kept closed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuation plan posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. Fire Protection | Satisfactory Condition | Unsatisfactory Condition | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Sprinkler valves accessible and sealed open | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire extinguishers, adequate number and type | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire extinguishers, properly placed and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standpipe and hose, unobstructed, good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic extinguishing systems in cooking equipment properly maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3. Electrical | Satisfactory Condition | Unsatisfactory Condition | N/A |
|---|--------------------------|--------------------------|--------------------------|
| All electrical circuits properly fused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extension cords, good condition, no excessive use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appliances grounded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency lighting system operable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 4. Smoking | Satisfactory Condition | Unsatisfactory Condition | N/A |
|---|--------------------------|--------------------------|--------------------------|
| "No Smoking" signs posted where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate ashtrays in smoking-approved areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking properly controlled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 5. General Housekeeping Areas | Satisfactory Condition | Unsatisfactory Condition | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Floors in good condition, dry and not slippery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate illumination in all areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entry ways kept clean and dry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brooms, mops and other cleaning equipment properly stored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. Kitchen and Dining Areas | Satisfactory Condition | Unsatisfactory Condition | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Hoods, filters and vents free of grease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food storage, orderly and sanitary, refrigerated as needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishes and cooking utensils clean and sanitized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| China and glassware in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 7. Patients Rooms | Satisfactory Condition | Unsatisfactory Condition | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Furniture safely arranged for emergency egress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed rails used as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency or assistance signaling devices in good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medications properly controlled and safeguarded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handrails on all steps and ramps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 8. Service and Laundry Areas | Satisfactory Condition | Unsatisfactory Condition | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Patients prohibited from service and storage areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Materials safely stored and arranged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Machine guards in place in shop areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tools in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Door interlocks on laundry equipment in good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lint traps clean in laundry dryers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Number | Department or Location | Unsatisfactory Condition |
|--------|------------------------|--------------------------|
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