



**ENVIRONMENTAL HEALTH AND SAFETY
PPA ASSESSMENT CHECKLIST**

Supervisor:	Lab Safety
Lab Administrator:	
Date of Assessment:	
Regulated by CMIS:	<input type="checkbox"/>
Accrediting Agency:	CAP CLIA ASHI COLA OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Department:	Unknown
Building and Room Number(s):	
Inspected By:	

		C	NC	NA	Points	Comments
A. SAFETY						
1.	Proper warning signs are displayed in all areas (i.e. confined space label, lab sign, oxygen sign, chemical storage area sign, electrical room, mechanical room, cryogenic sign, glutaraldehyde sign, formaldehyde sign, particularly hazardous chemicals, hand washing, non-hand washing signs, cage cards, caution-hot work in process-stay clear sign, asbestos containing material labels, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
2.	The staff knows how to report a medical error when identified or report if a patient is injured through the Patient Safety Net (PSN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
3.	Employee injuries are reported to the supervisor and on the Infinet at the time of occurrence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
4.	There is equipment available for patient handling tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
5.	The weight limit of the equipment will accommodate bariatric patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
6.	There is no evidence of eating/drinking outside of a designated area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
7.	Areas and furnishings are in good repair. Exposed surfaces are in good shape, intact (without tears or breaches to the surface) and cleanable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
8.	Employees are following standard precautions when working with human cells, blood, and/or body fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
B. LIFE SAFETY						

1.	Employees know their roles and responsibilities in case of an emergency. They know how to report a hazard (unsafe condition, spills, or fire) and the number to report a hazard (an unsafe condition or fire). (716-9111 or 911 for off-site) Emergency phone number for the Medical Center is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	All personnel have been instructed in the emergency procedures and as to the location(s) of emergency exits, fire alarm pull stations, fire extinguishers, safety showers and eyewash stations. Area Evacuation Plans are posted and Assembly Points are known.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
3.	There is a Disaster Response and Recovery Plan and employees know departmental role if Disaster Response and Recovery Plan is implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
4.	Disaster Response and Recovery Plan is reviewed and updated annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
5.	Emergency Preparedness equipment is available (i.e. flashlights, coolers, ice packs, blankets, non-perishable food and water, etc.) in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
6.	Trash can has a lid if greater than 40 gal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
7.	Maintains an 18" ceiling clearance in sprinkled buildings and 24" ceiling clearance in non-sprinkled buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
8.	Ceiling tiles are dry, clean, in place, and intact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
9.	Excess paper, trash, and other miscellaneous items are removed. Areas are free of dust, dirt, soil, trash, odors, and hazards (fixtures, walls, ceilings, and floors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
10.	Audible and/or visual fire alarms are not impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
11.	A fire drill has been performed for the required time period (quarterly, bi-annually, or annually).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
12.	Fire doors operate properly. They are not blocked and door stops are not used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
13.	All emergency and safety equipment (fire extinguishers and hose, pull stations, spill kits, eyewash, safety shower, drain plug, PPE, etc.) locations are clearly marked, accessible (travel distance must be less than 50 feet for fire extinguishers), and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
14.	All fire extinguishers are properly mounted, fully charged, inspected monthly and yearly, and appropriate for setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
15.	Alcohol based hand sanitizer dispensers are installed and meet the NC Fire Code (6 inches from electrical receptacle switch, appliances device, or ignition source).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

16.	Heat producing equipment must be commercial grade (i.e. microwave, toaster, coffee pots). Microwave is limited to a 90 second timer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
17.	All means of egress are marked with a working exit sign that have letters 4 or more inches high (6 inches high in new buildings) and work properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
18.	NFPA 25 and/or 72 reports are readily available, if building is sprinkled and/or using a remote supervising fire alarm system. NFPA 101 (generator and emergency lighting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
19.	The space around pipes, conduits, bus ducts, cables/wires are filled with an approved fire rated material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
20.	The master fire alarm control panel is located in a protected environment (an area enclosed with 1 hour fire rated walls and 3/4 hour fire rated doors) that is continuously occupied or in an area with a smoke detector.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
21.	All decorations are flame retardant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
22.	Fire Department Connection (FDC) is marked at each designated site where sprinklers are present. NFPA 704 placard (if needed) is correct and displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
23.	Facilities are ADA accessible (i.e. panic hardware, ramps, grab bars in restrooms, toilets, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
24.	Eyewash/safety showers are flushed, inspected, and inspection recorded weekly (clinics) /monthly (labs & other areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
25.	Eyewash and safety showers are located within 75 feet traveling distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
26.	Eyewash stations must be available and ANSI approved, accessible, and activated within one second. Water is potable and tepid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
27.	Passage ways, walkways, aisle ways, stair wells, and work areas are clear of obstructions and trip hazards. They are illuminated and marked. Indoor lighting is functional and adequate for task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
28.	Off site location has a "Knox" box containing a key to the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
29.	Linen closets open 180 degrees or have a self-closure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
30.	Electrical and mechanical room(s) are free of storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
C. ELECTRICAL SAFETY						
1.	Surge protectors are not piggy-backed daisy chained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
2.	Extension cords are not used for permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

	wiring.					
3.	All electrical receptacles or panels are in place, accessible, and have proper clearance (36").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	Outlets are provided with adequate grounding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
5.	Outlets contain a GFCI or equivalent within 6 feet of water use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
6.	Staff knows the location of the emergency power receptacle and intended use (Life Support Equipment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
7.	The staff knows the location of the electrical, HVAC, Mag locks, and medical gas cutoffs and who is responsible (i.e. manager).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
8.	Appropriate electrical outlets in use, working properly, in good condition, and are not overloaded (i.e. wires are not exposed, circuits are not overloaded, missing switch or outlet plates, broken conduit or open junction boxes, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
9.	Protective guarding is over electrical lighting equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
D. SECURITY						
1.	Identification badge is worn at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	Personnel have badge buddies (Emergency Codes & Patient Safety Goals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
3.	Required areas and doors (labs, soiled utility storage, mechanical & storage rooms, etc.) are secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
4.	Patient records are not accessible/available at any time. (HIPPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
5.	Prescription pads/e-prescriptions have a physician's incomplete DEA Number printed on the pads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
6.	Pharmaceutical/medications/select agents/controlled substances are secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
E. ENGINEERING CONTROLS						
1.	Biosafety cabinets and fume hoods are used appropriately (i.e. free of stored chemicals and equipment, UV lighting, crowding, flammables).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	Biosafety cabinet(s) has been certified within the last 6-12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
3.	Safety devices and Sharps (needles, scalpels, and sutures) are used properly, have safety features, and are not being recapped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
F. CHEMICAL STORAGE AND HANDLING						
1.	Employees can access CMIS and they know how to find hazards of the chemicals used. MSDS are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
2.	All reagents/chemicals are clearly identified and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	

	labeled with a received and opened date (includes peroxides forming chemicals). They have the full name of the chemical and hazard warning. Abbreviations or formulas are not present on the label.					
3.	Compatible chemicals are stored together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	All flammables/combustibles are stored in flammable cabinet when not in use. The flammable cabinet(s) is self-closing and latches properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
5.	Devices, medications, instruments and sterile supplies are in date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
6.	Separate refrigerators and freezers are used for storage of clinical reagents and monitored for proper temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
7.	There is a separate power source for the refrigerator/freezer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
8.	Refrigerator/freezer has a digital min/max thermometer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
9.	Refrigerator temperatures are monitored for storage of drugs, reagents, specimens and other pharmaceuticals. Refrigerator temperatures are recorded daily for proper temperatures (36 - 46 F; 2 - 8 C).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
10.	There is no storage under the sink except for cleaning supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
11.	Adequate policies, procedures, PPE and practices are in place for the use of cryogenics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
12.	Compressed gas cylinders are identified (legibly marked), segregated from incompatibles, and physically secured with valve protection cover in place at all times except when in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
13.	Non-ferrous wrench is used for compressed gas cylinders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
14.	Full and Empty oxygen cylinders are separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
15.	Oxygen cylinders are labeled of their status (i.e. Full or Empty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
G. WASTE PRACTICES						
1.	All "chemical" waste (including investigational drugs, regulated pharmaceuticals, and charcoal filters from scavenger systems) is identified and disposed of through EH&S. This includes containers that held acutely hazardous chemicals. 40 C.F.R. §262.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
2.	Universal Waste is collected, properly labeled, and dated with the word "Universal Waste - Lamps", "Universal Waste - Batteries", or "Universal Waste - Mercury-Containing Equipment" for proper disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
3.	Obsolete electronics are not stockpiled or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

	abandoned in this location.					
4.	Sharps containers are readily visible, accessible and closeable. Contents are below the fill line. The trash container placement in exam/procedure room(s) is away from sharps container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
5.	Needles, syringes, pipettes, and glass slides are being collected in a Sharps container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
6.	There is a procedure on how expired pharmaceuticals are disposed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
7.	Biowaste labels are not on regular trash cans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
8.	Biowaste container has a lid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
9.	There is not an accumulation of biowaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

H. PERSONAL PROTECTIVE EQUIPMENT

1.	An annual PPE Assessment and Training Form has been performed to identify required PPE needed & personnel are trained in the proper use of PPE (PPE Training).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	The PPE Usage Guide is posted in each exam, procedure room, and instrument processing rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
3.	PPE is supplied, appropriate for the hazard, and available in a range of sizes (i.e. lab coat, gloves, eye protection, cryogenic gloves, face shield, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	Closed-toe shoes are being worn when working around chemicals or hazardous environment in the laboratory, clinic, or other high risk area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
5.	Lab coats are worn while working on or adjacent to all benchtop procedures utilizing hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
6.	Protective gloves are worn while utilizing any hazardous chemicals, biological, or unsealed radiological materials and worn in appropriate settings/areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
7.	Adequate eye protection and/or equivalent engineering controls (fume hood, BSC) are used while handling hazardous materials at the bench or engaging in hazardous activities or to protect patients from procedures that could generate particulates cast cutting, laser use, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
8.	Respirator wearers have been medically cleared, fit tested, and trained within 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
9.	Latex free gloves are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

I. STERILIZATION, DISINFECTION, AND CLEANING

1.	There is a log for recording autoclave loads and results. Each load is monitored with mechanical indicators (i.e. time, temperature, pressure) and chemical indicator or integrator is used with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
----	--	--------------------------	--------------------------	--------------------------	---	--

	each autoclave load.					
2.	There are written instructions for use of autoclave for reprocessing equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
3.	Chemical Indicator or Integrator is used with each autoclave load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
4.	Autoclave is available, used, and records checked for verification (weekly biologicals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
5.	There is a standard decontaminating solution used for all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
6.	There is a written SOP describing how instruments will be cleaned and decontaminated. Detergents and decontaminating solutions for instruments are EPA approved for use on instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
7.	There is adequate space to accommodate cleaning and decontamination of instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
8.	All sterilized instruments are dated with process date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
9.	Devices are soaked in the cidex/OPA solution for at least 20/12 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
10.	A timer is used to monitor a soak time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
11.	There are written instructions for using High Level Disinfectant (glutaraldehyde/OPA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
12.	Glutaraldehyde/OPA solutions are checked daily with test strips and results are recorded and solution is monitored for temperature (20oC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
13.	All biohazard waste containers, instrument containers, and transport containers must be labeled with a biohazard symbol and covered with a lid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
14.	Instruments are cleaned using an enzymatic cleaner before being placed in the high level disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
15.	Contents being disinfected are covered completely with high level disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
16.	Staff wears gloves, eye protection and fluid impermeable gowns in the decontamination room and while cleaning scopes or soiled instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
17.	Soiled linen container(s) are labeled "Soiled Linen".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
J. TRAINING						
1.	New employees have received required training related to their job duties within their initial ninety days (including safety training-fire, hazard communication safety, BBP, hazardous waste, AED, & High Level Disinfectant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	Employees have received the required annual training (including safety training-fire, hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	

	communication safety, BBP, hazardous waste, AED, & High Level Disinfectant).					
3.	Staff has reviewed and updated PeopleSoft Hazard Assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	Infection control designee and backup designee have attended 0206 training. (See certificate.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
K. PATIENT SAFETY						
1.	Two identifiers are used for patient check-in, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
2.	Only WFUBMC approved abbreviations are used in charts and prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
3.	Patients are screened for allergies (drugs and latex) are recorded in electronic and/or paper charts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
4.	Staff is familiar or has reviewed the WFUBMC Fall Precaution Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
5.	Fall Risk Patients are assessed and identified (state what manner, for example, yellow dot on chart, Centricity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
6.	All specimens are labeled in front of the patient one at a time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
7.	Medicine/solution containers are retained until procedure is complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
8.	Conscious sedation is not performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
9.	Sound alike look alike drugs (SALAD) or samples are handled to prevent dispensing/administration errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
M. INFECTION CONTROL						
1.	There is a infection control designee on site and a backup designee, if non contiguous facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
2.	A written Infection Control policy is available if non contiguous facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
3.	Approved soap is used in the patient and staff areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
4.	Cleanable floor surface is present in the labs, patient exam rooms and procedure rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
5.	There is a defined cleaning schedule for patient equipment such as BP cuffs, toys, books, telephones, computer keyboards, bench tops, instrument surfaces, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
6.	Dipstick urine sample is disposed in a non handwashing sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
7.	IV fluids are spiked at the time of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
8.	Single use packages of topical ointment (K-Y Jelly) are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
9.	Hand hygiene compliance is fostered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
10.	Handwashing sink is available in each exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

	room.					
11.	There is hand sanitizer, mask and Kleenex at front desk for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
12.	Hand sanitizers are available and used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
13.	Small containers (8 oz.) of hand lotion are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
14.	Procedures are known for identifying a patient who may have a communicable disease (identify location).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
15.	Injection practices reflect CDC recommendations to prevent contamination between patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
16.	Purchase and use of multi-dose vials has been reviewed and procedures are followed (i.e., dated, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
17.	Dirty and clean storage is clearly separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
18.	Electronic thermometers including tympanic membrane ear thermometers are used with a new plastic cover each time and the unit, especially end of probe membrane is wiped daily with 70 - 90% alcohol or per Manufacturer's instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
19.	Medication that is pre-drawn is labeled with the time of draw, initials of person drawing, medication name, strength, and expiration date or time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
20.	Supplies are stored at a minimum of 6 inches off the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
21.	Supplies are removed from shipping cartons before storage and outer shipping boxes are not left in the clinical areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
22.	There is no side, crispers, or freezer storage in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
23.	Clean linen is stored covered, off floor and stored separately from other supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
24.	Procedure is in place to address a refrigerator that cannot maintain an acceptable temperature range.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
25.	A current list of reportable communicable diseases is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

N. MEDICATION MANAGEMENT

1.	Pharmaceuticals/medications are in date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	Pharmaceuticals/medications/sample drug inventory is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
3.	Controlled Drugs are stored correctly per NCBH Controlled Substance Policy (stored separately, double locked, not stored in an office, and key is kept on the person).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	There is a sample drug Dispensing Log which	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

	includes: prescriber's name, patient name, date, medication, strength, quantity, and lot number and the sample logs are maintained for a period of three years.					
--	---	--	--	--	--	--

O. VACCINES

1.	Vaccines are maintained according to NCIR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	
2.	For vaccines, the temperature of refrigerator are checked and recorded twice a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
3.	Adult and Pediatric Vaccines are stored in separate bins and clearly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	All other medications stored in the refrigerator are stored on shelves separate from the vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	

P. LAB

1.	There is a process in place to handle critical lab values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
2.	The time of notification is recorded when the critical lab result is received by the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
3.	Lab logs and reports are secured when staff is not present in laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
4.	QC is performed each day patient testing occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
5.	QC results are recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
6.	Live lab competency testing has been performed and is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

R. MEDICAL EQUIPMENT

1.	Clinical equipment is under Preventive Maintenance (check NCBH label on equipment) or external vendor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	
----	--	--------------------------	--------------------------	--------------------------	---	--

Other Observations:

--	--

Private Notes:

--	--