

# ANNUAL FACILITY REVIEW CHECKLIST

(1 of 3 Pages)

Mark Yes (Y), No (N) or Not Applicable (NA) for the following OSHA requirements. Explain any "No" responses in the space provided at the end of this form.

## General Facility Safety

- The OSHA poster, "It's the Law" (or state equivalent poster) is visible to all employees.
- Exit doors are free of blockage, clearly marked and unlocked.
- Exit signs are properly lit and backup lights/batteries are functioning.
- If your facility has 10 or more employees, a written evacuation plan/route is posted.
- Medical equipment cords have grounded 3-pronged plugs.
- Extension cords are being used properly (not as permanent wiring).
- Electrical cords are managed to prevent tripping hazards (not placed under rugs or across doorways).
- Electrical cords are in good condition (no frays, defects, etc.).
- The fire alarm is in proper working order.
- An appropriate number of fire extinguishers are present/accessible.
- The fire extinguishers have been inspected and tagged within the last 12 months and are fully charged.
- Panic buttons, or public address systems, are in working order.
- The worksite is maintained in a clean and sanitary condition.
- Restricted areas (lab, decontamination room, etc.) are designated with signage.

## Break Room

- The break area is free of contamination from blood and other potentially infectious materials (OPIMs).
- Employees discard PPE before entering the break area.
- The break area is free from hazardous chemicals.

## Check-in/Reception

- An up-to-date emergency contact list is posted or present. *(Reference Form 7-A)*
- The reception area is free of contamination from blood and OPIMs.
- Employees discard PPE before entering the reception area.
- The reception area is free from hazardous chemicals.

## Administration Area

- All employees have undergone OSHA annual retraining on bloodborne pathogens, hazard communication and TB in the last 12 months and this training is documented. *(Reference Form 27)*
- All new employees received initial OSHA training (if not previously trained) or completed a New Employee Orientation Checklist (if previously trained) and this training is documented. *(Reference Form 26)*

**(Annual Facility Review Checklist, page 2 of 3)**

- \_\_\_\_\_ Employees are trained on the proper precautions, and how to properly don and use, the PPE necessary for their job duties. *(Reference Forms 26, 27)*
- \_\_\_\_\_ All employees participated in at least one fire drill this year. *(Reference Forms 5-A, 5-B)*
- \_\_\_\_\_ Employees have been trained on how to respond in the event of a fire (R.A.C.E. or A.R.A.C.E.). *(Reference Forms 26, 27)*
- \_\_\_\_\_ Employees have been properly trained on how to use a fire extinguisher (P.A.S.S.)? *(Reference Forms 26, 27)*
- \_\_\_\_\_ All OSHA training records from the last three (3) years are available? *(Reference Forms 26, 27)*
- \_\_\_\_\_ Exposure Determination Lists #1 and #2 document all employees with risk for exposure. *(Reference Forms 8, 9)*
- \_\_\_\_\_ The facility has documented all needlesticks and other sharps injuries which occurred this year using the Accident/Sharps Injury Log? *(Reference Form 14)*
- \_\_\_\_\_ All employee accidents, near-misses, injuries and complaints *(check Safety Report and Accident/Sharps Injury Logs)* were examined for trends. The need to change engineering controls, policies or procedures was evaluated. *(Reference Forms 1, 14)*
- \_\_\_\_\_ In areas where trends were noted above or safer sharps have not yet been implemented frontline employees have evaluated new safety devices for possible future implementation. Evaluations have been documented, and evaluation forms are retained. *(Reference Forms 10, 11, 12, 13)*
- \_\_\_\_\_ Hepatitis B vaccination records (or declination forms) are available for all employees. *(Reference Forms 15, 16)*
- \_\_\_\_\_ Employee post-exposure medical records (for all employees who sustained a needlestick or other BBP or chemical exposure) are complete and located in a confidential area. Records are available from the last 30 years. *(Reference Forms 14, 17, 18, 18-A)*
- \_\_\_\_\_ Engineering controls are functioning effectively (protective shields have not been removed or broken, and all parts are functioning as intended).
- \_\_\_\_\_ The Hazardous Substances List contains all hazardous chemicals in the facility *(check for new chemicals recently brought into use)*. *(Reference Form 19)*
- \_\_\_\_\_ MSDS binder(s) are in the proper location (accessible to employees).
- \_\_\_\_\_ MSDS are present for all hazardous chemicals in the facility, including fire extinguishing chemicals. *(Reference MSDS binder)*
- \_\_\_\_\_ TB skin test (TST) records are on file for all employees. *(Reference Forms 22, 23)*
- \_\_\_\_\_ The annual TB risk assessment has been performed. *(Reference Form 21)*
- \_\_\_\_\_ The contents (type and number of items) of the first aid kit have been reviewed and are considered adequate for emergencies anticipated in the facility.

**Storage Area**

- \_\_\_\_\_ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in a flammable cabinet etc.) and are disposed of properly.
- \_\_\_\_\_ Chemicals are labeled legibly with contents and hazards clearly identified. Labels match the identity on the corresponding MSDS. *(Reference Form 19, MSDS binder)*
- \_\_\_\_\_ Appropriate PPE (gloves, respirators, goggles/face-shields, aprons) is available/accessible for handling hazardous chemicals. *(Reference MSDS binder)*
- \_\_\_\_\_ All items are stored at least 18 inches from the ceiling.

**(Annual Facility Review Checklist, page 3 of 3)**

**Exam Rooms/Clinical Areas**

- \_\_\_\_\_ All eyewash stations are in proper working order.
- \_\_\_\_\_ Universal Precautions are used when handling all blood and Other Potentially Infectious Materials (OPIMs).
- \_\_\_\_\_ Handwashing facilities (sinks with soap or alcohol gels) are available in all areas where biohazards and patients are encountered.
- \_\_\_\_\_ The biohazard symbol/label is used to indicate the potential presence of BBPs for all blood & OPIMs.
- \_\_\_\_\_ Contaminated items and regulated waste are placed into approved biohazard bags and containers displaying the biohazard symbol.
- \_\_\_\_\_ Biohazard waste bags/storage bins are located in every area where blood or OPIM are encountered and functioning properly (i.e. they seal).
- \_\_\_\_\_ PPE (gloves, gowns, masks, goggles/face shields) is in the proper location. It is available in the correct sizes and amounts, and functions properly.
- \_\_\_\_\_ Sharps containers are in the proper locations and positioned firmly so that they cannot be knocked over.
- \_\_\_\_\_ Sharps containers are replaced as soon as they reach the “fill line” and not filled past 2/3 full.
- \_\_\_\_\_ The most effective engineering controls are available and functioning correctly? (i.e. safety needles, sharps containers, fume hoods, splash shields)
- \_\_\_\_\_ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant?

**Cleaning/Decontamination Room**

- \_\_\_\_\_ PPE (gloves, gowns, masks, goggles/face shields) is in the proper location. It is available in the correct sizes and amounts, and functions properly?
- \_\_\_\_\_ Is appropriate PPE (rubber or vinyl gloves, respirators, goggles/face shields, aprons) available and accessible for handling hazardous chemicals in the workplace?
- \_\_\_\_\_ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant?
- \_\_\_\_\_ Chemicals are labeled legibly with contents and hazards clearly identified. Labels match the identity on the corresponding MSDS. *(Reference Form 19, MSDS binder)*
- \_\_\_\_\_ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in an explosion-proof flammable cabinet etc.) and are disposed of properly.
- \_\_\_\_\_ Soaking basins or reservoirs used for decontamination of instruments have tight fitting covers to reduce evaporation of hazardous vapors?

Comments (explain any “No” answer):

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Date: \_\_\_\_\_ OSHA Safety Officer\*: \_\_\_\_\_

\* Note: Also document this annual OSHA safety program review on **Form 3**.