

**TULANE UNIVERSITY
SATELLITE CLINIC QUARTERLY INSPECTION FORM**

Instructions: Checklist items should be answered “Yes,” “No,” or “Not Applicable (N/A)”. For every item answered “No,” provide the “Corrective Action Estimated Correction Date.” Items not listed in this report may be included under “Miscellaneous: Other Items” on the last page of the form.

Distribution: Upon completion of the inspection, the original inspection report should be retained by the department and a copy provided to the Departmental Safety Representative (DSR) in charge of the area. The DSR will forward a copy to L. Mayer, Office of Environmental Health & Safety (OEHS) via campus mail (use mail code TW-16, TUHSC) or fax, 504-988-1693.

PRINT THE FOLLOWING INFORMATION:

Clinic Name:	Location/Address:
Dept:	Date of Inspection:
Name of responsible Departmental Safety Representative (DSR)	Name of Inspector:
Telephone # of Inspector:	Email Address of Inspector

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#	CONCERN	Y	N	N/A	CORRECTIVE ACTION & ESTIMATED CORRECTION DATE
FIRE ALARMS/EXTINGUISHERS/EQUIPMENT					
1	FIRE EXTINGUISHER IS ACCESSIBLE (not obstructed)				
2	FIRE EXTINGUISHER IS WALL MOUNTED AND LOCATED NEAR THE EXIT				
3	FIRE EXTINGUISHER HAS BEEN INSPECTED WITHIN LAST MONTH				
4	THERE IS NO STORAGE WITHIN 18 INCHES OF A SPRINKLER HEAD				
5	FIRE ALARM STROBE LIGHTS ARE NOT OBSTRUCTED				
6	EXITS, AISLES, STAIRWELLS ARE NOT OBSTRUCTED				
7	ILLUMINATED EXIT SIGNS ARE NOT BURNED OUT				
8	FIRE ALARM STROBE LIGHTS ARE PROVIDED IN ALL BATHROOMS AND CONFERENCE ROOMS (If building is equipped with fire alarm system)				
REFRIGERATORS/FREEZERS					
9	FLAMMABLE LIQUIDS ARE NOT STORED IN REFRIGERATOR/FREEZER				
10	REFRIGERATOR/FREEZER IS CLEAN & IN GOOD CONDITION (Does not need defrosting or cleaning)				
11	REFRIGERATOR/FREEZER GASKET IN GOOD CONDITION (Does not need replacement or cleaning)				
12	FOOD/BEVERAGES ARE NOT STORED IN LAB REFRIGERATOR/FREEZER				
13	MEDICATION REFRIGERATOR IS EQUIPPED WITH A THERMOMETER AND TEMPERATOR IS $\leq 45^{\circ}\text{F}$				
14	MEDICATION REFRIGERATOR IS NOT USED FOR STORAGE OF FOOD/BEVERAGES				
BIOHAZARDS/SHARPS/BLOODBORNE PATHOGENS (BBP)					
15	ALL SHARPS ARE SECURED (No exposed blades or uncapped needles left on counters)				
16	PROPER BIOHAZARD WASTE AND SHARPS CONTAINERS ARE USED				
17	SHARPS BOX IS UPRIGHT WITH COVER IN PLACE (Not on side, sharps cannot spill out)				
18	GLASS BOX/BIOHAZARD/SHARPS BOX IS DISPOSED WHEN NEEDED (Not overflowing, no greater than 2/3 rd s full)				

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#	CONCERN	Y	N	N/A	CORRECTIVE ACTION & ESTIMATED CORRECTION DATE
19	BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN REVIEWED BY ALL AFFECTED PERSONNEL				
20	AFFECTED PERSONNEL HAVE RECEIVED ANNUAL BBP TRAINING				
CHEMICALS/COMPRESSED GAS CYLINDERS					
21	CLEANING CHEMICALS ARE STORED IN A SECURED LOCATION				
22	FORMALDEHYDE/FORMALIN SOLUTION IS NOT USED.				
23	A MERCURY SPILL KIT IS AVAILABLE IF MERCURY-CONTAINING BLOOD PRESSURE UNITS ARE USED				
24	GAS CYLINDERS SECURED (Upright, tightly secured with cylinder stand, chain or strap on upper third of cylinder)				
25	GAS CYLINDERS HAVE CAPS IN PLACE (Unless in use and attached to a regulator)				
26	CHEMICAL CONTAINERS ARE IN GOOD CONDITION (Cans not corroding, caps not leaking, containers not cracked)				
27	ALL CHEMICAL CONTAINERS ARE PROPERLY LABELED (Full chemical name & associated hazards, no symbols or abbreviations)				
28	ALL CHEMICAL CONTAINERS ARE CAPPED UNLESS ACTIVELY POURING (No open containers or containers with funnels)				
29	CHEMICALS/GLASSWARE STORED PROPERLY (Not on edge of shelf, large containers of acids on lower shelves, etc.)				
30	CHEMICAL WASTES DISPOSED PROPERLY (chemical wastes are properly contained, stored, labeled and proper disposal procedures are followed)				
31	MATERIAL SAFETY DATA SHEETS (MSDSs) ARE READILY AVAILABLE FOR ALL HAZARDOUS CHEMICALS USED				
32	CHEMICAL INVENTORY IS CURRENT (Should be updated annually & submitted to OEHS)				
EQUIPMENT/ELECTRICAL					
33	ELECTRICAL EQUIPMENT AND POWER CORDS ARE IN GOOD CONDITION (Not in need of repair or disposal, no frayed wires, etc.)				
34	MECHANICAL EQUIPMENT IS EQUIPPED WITH GUARDS (Protective guards located around belts & pulleys, pinch-points, moving parts, etc.)				
35	ELECTRICAL OUTLET/LIGHT SWITCH COVERS IN GOOD CONDITION (Not cracked, broken, or missing)				

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36	ELECTRICAL PANELS ARE NOT OBSTRUCTED (Fire codes require 3-foot clearance around electrical panels)				
37	ADEQUATE NUMBER OF GROUNDED ELECTRICAL RECEPTACLES ARE PROVIDED/EQUIPMENT IS PLUGGED IN PROPERLY (No adapter plugs)				
38	MULTIPLE OUTLET STRIPS USED ONLY FOR COMPUTER CONFIGURATIONS (Not to be used for other equipment)				
39	EXTENSION CORDS ONLY USED FOR TEMPORARY PURPOSES (Not being used for permanent fixed wiring.)				
40	ELECTRICAL CORDS ARE NOT RUN THROUGH DOORWAYS/WALLS/CEILINGS				
41	EQUIPMENT IS STORED PROPERLY (Not on floor, falling off shelves or stored in aisles)				
42	LIGHTS & BATTERY OPERATED EMERGENCY LIGHTS WORKING PROPERLY (None are burned out, battery OK)				
43	SPACE HEATER USE HAS BEEN APPROVED BY OEHS				
HOUSEKEEPING AND RELATED HAZARDS					
44	HOUSEKEEPING IS GOOD (Counters & aisles not cluttered, no spills/leaking materials, no trash strewn about, etc.)				
45	NO EVIDENCE OF MOLD GROWTH OR MOISTURE INTRUSION (Ceiling tiles not stained or missing; no water stains on walls or floors)				
46	NO EVIDENCE OF PEELING PAINT, RUST OR STAINS ON EQUIPMENT OR FURNISHINGS				
47	HANDRAILS ARE IN GOOD REPAIR				
48	NO SLIP/TRIP HAZARDS (No cords across aisles, no missing/broken floor tiles, no damaged carpet, etc.)				
49	SELF CLOSING DOORS LATCH PROPERLY/STAIRWELL DOORS ARE NOT PROPPED OPEN				
50	WALLS/CEILINGS ARE IN GOOD REPAIR (No holes or damage)				
51	TRASH IS PROPERLY CONTAINED (Not overflowing)				
52	FURNITURE IS IN GOOD CONDITION (Not broken or in need of repair)				
53	PEST CONTROL PROGRAM IS EFFECTIVE (No evidence of insect/rodent activity)				
54	CABINETS/COUNTERTOPS ARE IN GOOD CONDITION (Doors close properly, no splinters, sharp edges, etc.)				

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#	CONCERN	Y	N	N/A	CORRECTIVE ACTION & ESTIMATED CORRECTION DATE
PERSONAL PROTECTIVE EQUIPMENT (PPE)					
55	N-95 RESPIRATORS IN VARIOUS SIZES ARE AVAILABLE FOR USE WHEN HANDLING SUSPECT TB PATIENTS				
56	PERSONNEL WHO WEAR N-95 RESPIRATORS HAVE RECEIVED MEDICAL EVALUATION & APPROVAL FOR USE OF RESPIRATORS.				
57	PERSONNEL WHO WEAR N-95 RESPIRATORS HAVE BEEN FIT TESTED AND TRAINED				
58	PPE IS STORED PROPERLY (Goggles and respirators not hanging by straps, etc.)				
59	USED PPE DISPOSED PROPERLY (No dirty gloves left on counter, etc.)				
60	PPE AVAILABLE & USED WHEN NEEDED (Non-latex gloves, goggles, lead-aprons, etc.)				
61	AVAILABLE PPE IN GOOD CONDITION (Gloves not torn, eyewear not scratched or dirty, etc.)				
62	EMPLOYEES ARE TRAINED IN PROPER USE OF PPE AND ARE FAMILIAR WITH ANY LIMITATIONS				
MISCELLANEOUS					
63	FAUCET/ SINK WORKING PROPERLY (Doesn't drip, leak, etc.)				
64	APPROPRIATE WARNING LABELS ARE IN PLACE (Radiation, biohazard, etc.)				
65	MEDICATIONS ARE NOT PAST EXPIRATION DATE				
66	AED AND CRASH CART ARE INSPECTED ON A MONTHLY BASIS				
67	OTHER ITEMS:				
68	OTHER ITEMS:				
69	OTHER ITEMS:				
70	OTHER ITEMS:				