

Weekly/Monthly Safety Checks

Departments _____ Date _____

Weekly									
S=Satisfactory U=Unsatisfactory C=Comments	Week of		Week of		Week of		Week of		Comments
	Results	Initials	Results	Initials	Results	Initials	Results	Initials	
Biohazard/Hazardous Materials: <i>labeled and disposed of correctly</i>									
Spore Testing^{1*}									
Sharps Container^{2*} <i>-Locked and disposed of when ¾ full</i>									
Gas Cylinders* <i>-Cylinder Log accurately completed and checked off (Submit to Health and Safety Office each month)</i>									
Laundry: <i>Clean and Dirty laundry stored separately</i>									
Eyewash Stations* <i>-Flushed for 15 minutes weekly</i>									
Medical Emergency Procedures <i>Posted and clearly visible</i>									
First Aid Kits <i>Contents reviewed and accessible and appropriate signage of</i>									

Monthly	Results	Initials
MyChem – Review MyChem database to ensure all chemicals in each location are indexed accordingly to include available MSDS documents <ul style="list-style-type: none"> • Have Hazardous Materials been inventoried within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are Hazardous Materials properly labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are Biohazard/Hazardous Materials disposed of per EH&S Policy <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid, Chemical/Blood and Spill kits- Accessible and clearly marked- Replenish as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Indicates that your ongoing documentation of inspection is either required or highly recommended.

¹ Spore testing results/report available for review in each Department sterilization area

² Sharps containers should be within 15 feet where sharps are used

³ Monthly and Annual checklists are available for download at <http://www.dental.washington.edu/programs/health-and-safety/forms.html>

Check Fire Extinguishers* Ensure all fire extinguishers are in place and adequately charged. Document your inspection <ul style="list-style-type: none"> • Emergency Exit signs identifiable and readily visible <input type="checkbox"/> Yes <input type="checkbox"/> No • Fire Alarm pull-stations and portable fire extinguisher visible and unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No • Stairway doors are not kept open (unless equipped with self-closing device? Only if department is adjacent to stairways <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • 18" vertical clearance maintained from all sprinkler heads? <input type="checkbox"/> Yes <input type="checkbox"/> No • Exits are clear from obstructions and accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AED³: If department has AED; Is the Monthly AED Checklist completed to include ensuring battery is functional, AED pads not expired, AED Signage in place Location: _____ Model: _____ Serial #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas Cylinders*. <ul style="list-style-type: none"> • Check Oxygen & Nitrous Oxide for damage or leaks from tanks and lines. • Confirm secure storage • Free from leaks and rust around couplings of gas cylinder • ³Gas Cylinder checklists are accessible at http://www.dental.washington.edu/programs/health-and-safety/forms.html 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Preparedness: Emergency Backpack contents are in place ensuring materials have not expired (Contents list is found within the H&S Inspection Protocol)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disaster Preparedness: Review of all contents checking for expiration dates, quantities and regularly update as needed (see content list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
X-ray Protective Equipment. Be sure that equipment is free from wear and tear (e.g.: cracks, tears).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evacuation Map Posted: To include Floor plans of department, evacuation site, procedures and routes clearly visible in clinics and reception areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infection Control Standards: <ul style="list-style-type: none"> • Health and Safety Bulletin Board complete and contains all required EH&S, State and Federal documentation 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Drug Kit: Contents are inspected for expiration and accessible to department staff and students in the event of emergency <ol style="list-style-type: none"> 1. Nitro Lingual Spray: Date of Expiration: _____ 2. Epinephrine Ampules: Date of Expiration: _____ 3. Diphenhydramine Date of Expiration: _____ 4. Albuterol Inhaler Date of Expiration: _____ 5. Epi- Pen Date of Expiration: _____ 6. Aspirin Date of Expiration: _____ 7. Oral Glucose Date of Expiration: _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Response Kit: <ul style="list-style-type: none"> • Wet Floor Signs accessible <input type="checkbox"/> Yes <input type="checkbox"/> No • Chemical Spill Kits <input type="checkbox"/> Yes <input type="checkbox"/> No 		

List here items marked "U" (Unsatisfactory) Item:	Action Taken:	Initials

Checklist should be completed and returned to Health & Safety manager for record keeping monthly