

Self-inspection Sheet for Medical & Dental Offices

Call 1(800) 457-4248 for a free office consultation.
Provided by AK Medical Services, Inc.

For the Office of _____ Date _____

Structural Code of Federal Regulation 1910 and higher.

Fine

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|-----|--|-----|----|-------|
| 1. | Exit signs, letters on sign ¾ inches x 6 inches. | Yes | No | _____ |
| 2. | Exit signs, maintained in working condition. | Yes | No | _____ |
| 3. | Exit signs, "This Way Out," applicable. | Yes | No | _____ |
| 4. | All doors properly labeled (not an Exit). | Yes | No | _____ |
| 5. | Emergency lighting maintained in working condition. | Yes | No | _____ |
| 6. | Evacuation policy prominently posted. | Yes | No | _____ |
| 7. | Stairs with a rise/decline of over 3 steps properly guarded. | Yes | No | _____ |
| 8. | Electrical outlets within 6 feet of H2O, GFI protected. | Yes | No | _____ |
| 9. | OHSA Poster #3165 clearly displayed. | Yes | No | _____ |
| 10. | State Labor Law posters displayed. | Yes | No | _____ |
| 11. | Fire extinguisher, travel distance 75 feet or less | Yes | No | _____ |
| 12. | Fire extinguisher charged, mounted and/or easily accessible. | Yes | No | _____ |
| 13. | Fire extinguisher tagged by an outside vendor. | Yes | No | _____ |
| 14. | Fire extinguisher visually inspected monthly by staff. | Yes | No | _____ |
| 15. | Basic training for fire extinguishing. | Yes | No | _____ |
| 16. | Eye-wash station, sink-mount only. | Yes | No | _____ |
| 17. | Sharps containers in each room. | Yes | No | _____ |
| 18. | Sharps, not over filled, easily accessible. | Yes | No | _____ |
| 19. | Refrigerator, two, if required, and properly labeled. | Yes | No | _____ |
| 20. | Public Law #91-596: workplace free of hazards. | Yes | No | _____ |

Total _____

Florida Bio-Medical Waste Law Chapter 64E-16.

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|----|--|-----|----|-------|
| 1. | Written operating plan to manage biomedical waste. | Yes | No | _____ |
| 2. | Documentation for training of new employees. | Yes | No | _____ |
| 3. | Documentation for annual required training. | Yes | No | _____ |

Bloodborne Pathogen Standard 1910.1030

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|-----|--|---------|-----|-------|-------|
| 1. | Annual update training documented for 5 years. | Yes | No | _____ | |
| 2. | Training for new employees. | Yes | No | _____ | |
| 3. | Employee medical records for standard. | Yes | No | _____ | |
| 4. | Hepatitis B documentation status all OEE. | Yes | No | _____ | |
| 5. | Written exposure control plan | Yes | No | _____ | |
| 6. | November 5, 1999, compliance directive. | Yes | No | _____ | |
| 7. | January 18, 2001, needle-stick final rule. | Willful | Yes | No | _____ |
| 8. | November 27, 2001, compliance directive. | Yes | No | _____ | |
| 9. | CDC's guidelines for the application of Hep B vaccine. | Yes | No | _____ | |
| 10. | Employee training and exposure control plan location. | Yes | No | _____ | |

Personal Protective Equipment Standard

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|-----|----------------------------------|-----|----|-------|
| 1. | Employee training | Yes | No | _____ |
| 2. | Hazard assessment of workplace | Yes | No | _____ |
| 3. | Goggles, heavy-duty gloves, mask | Yes | No | _____ |
| 4. | Uniforms | Yes | No | _____ |
| 5. | Lab coats | Yes | No | _____ |
| 6. | Disposable gowns | Yes | No | _____ |
| 7. | Laundry service | Yes | No | _____ |
| 8. | PPE cleaned in house | Yes | No | _____ |
| 9. | In-house laundry protocol | Yes | No | _____ |
| 10. | Home laundry | Yes | No | _____ |

Total _____

Access to Employee Exposure & Medical Records

- | | | | | |
|----|--------------------|-----|----|-------|
| 1. | Employee training. | Yes | No | _____ |
| 2. | Copy of standard. | Yes | No | _____ |

Hazard Communication Standard CFR 1910-1200

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|----|---------------------------------|-----|----|-------|
| 1. | Written program in place. | Yes | No | _____ |
| 2. | Label system in place. | Yes | No | _____ |
| 3. | Label system maintained. | Yes | No | _____ |
| 4. | MSDS present and accounted for. | Yes | No | _____ |
| 5. | MSDS request form. | Yes | No | _____ |
| 6. | Training documentation. | Yes | No | _____ |

General Industry Standards CFR 1910

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|----|--|-----|----|-------|
| 1. | First-aid kit (general) | Yes | No | _____ |
| 2. | Stat kit, crash cart (if required) | Yes | No | _____ |
| 3. | Body-fluid spill kit (if required) | Yes | No | _____ |
| 4. | Mercury-spill kit (if required) | Yes | No | _____ |
| 5. | Written protocol for counter top cleaning. | Yes | No | _____ |

Grand Total _____

Forms Needed

1. Outside vendor release (English or Spanish).
2. Per deim.
3. Independent contractor.
4. Renter.
5. Monthly OSHA check sheet.
6. Sexual harassment policy.
7. Temp agency.
8. Autoclave check system.

For help with this inspection sheet and a free office consultation call.

Jim Lease @ 1(800) 457-4248