SAFETY COMMITTEE

PURPOSE: To improve safety within the facility and to promote safety among employees

COMMITTEE MEMBERS: The committee will consist of employees from each department and different shifts to provide a true picture of safety concerns

MEETINGS: This committee will meet no less than quarterly or on an as needed basis to evaluate safety within the facility

RESPONSIBILITIES: Some duties include but are not limited to the following:

1. Monitor safety issues by using safety audits or other tools
2. Monitor accident reports to track trends
3. Make recommendations to improve safety
4. Increase awareness of safety concerns
5. Problem-solving safety issues
6. Recommend specific actions to be taken in response to valid employee safety suggestions
7. Provide education for employees on safety issues

Minutes from this committee will be maintained. A copy will be posted on the Safety Bulletin Board and a copy given to the Administrator.

A representative of this committee will meet with the administrator to bring concerns and recommendations for improvement.

SAFETY AUDIT - LAUNDRY

	YES	NO
1. Lights in good repair and operating		
2. Dryers properly vented to outside		
3. Floor clean and dry		
4. Chemicals properly stored		
5. Equipment clean		
6. Dryer lint screens clean		
7. No accumulation of trash; can is clean		
8. MSDS available in the laundry area		
9. Eyewash station clean and ready to use		
10. Gloves used to handle dirty laundry		
11. Breakers properly labeled 12J All doorways unobstructed		
12. Fire extinguishers present and charged		

Comments: _____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - OFFICE

	YES	NO
1. Floors clear of obstruction		
2. Lights clean, in good condition and operating		
3. Exits clear of obstructions		
4. Floor clean and swept		
5. Work areas neat and organized		
6. Emergency numbers posted by phone		
7. Outlets in good repair		
8. Waste baskets empty and clean		
9. No smoking permitted in offices		
10. File cabinets secure		
11. File drawers kept closed		
12. Chairs in good working condition		
13. Electric cords out of way or secured to floor		
14. Paper and materials safely stacked		
15. Rug laying flat on floor		

Comments: _____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - HOUSEKEEPING RESIDENT ROOMS

Rooms Checked: _____ _____ _____ _____ _____ _____ _____

	YES	NO
1. Floors and aisles are clear of obstruction		
2. Floors clean		
3. Lights clean and in good condition		
4. Fans clean		
5. Floors, doors and walls in good repair		
6. Outlets and registers in good repair		
7. Wet floor signs used appropriately		
8. Waste baskets empty and clean		
9. Spills are promptly cleaned up		
10. Housekeeping closet clean and organized		
11. MSDS available in department		
12. Chemicals properly labeled and stored		
13. Trash taken directly to dumpster		
14. Cleaning equipment in good repair		
15. Mops, other equipment clean		
16. Gloves worn when working		

Comments: _____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - NURSING

	YES	NO
1. Blankets, sheets, etc. on the bed properly and not touching the floor		
2. Furniture and equipment arranged efficiently so not to hinder working conditions		
3. Floor is dry and free of urine		
4. Observation of proper lifting technique: • chair/wheelchair positioned next to bed • proper posture observed • knees bent when lift is performed • leg rests are off wheelchair or out of the way • procedure explained to resident prior to lift • lift successfully completed		
5. Shower room has no clothes, towels, etc., on floor		
6. Beside commode is clean		
7. Cupboard in shower is locked if no one in room		
8. Bedpan cleaned and properly stored		

Comments: _____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - THERAPY DEPARTMENT

	YES	NO
1. Floors, aisles and exits clear of obstruction		
2. Floors clean		
3. Lights clean and in good condition		
4. Floors, doors and walls in good condition		
5. outlets and registers in good repair		
6. Wet floor signs used appropriately		
7. Waste baskets empty and clean (inside and out)		
8. Spills are promptly cleaned up		
9. Chemicals properly labeled and stored		
10. MSDS available in department		
11. Trash taken directly to dumpster		
12. Work area neat and organized		
13. Equipment in good repair		
14. Gloves worn when working/when applicable		
15. Emergency numbers posted by phone		

Comments: _____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - DIETARY

	YES	NO
1. Floors clear of obstruction		
2. Lights clean and operating		
3, Chemicals properly stored		
4. Fire extinguishers up to date		
5. Breakers properly labeled		
6. Hood over grill and stove cleaned		
7. Alarms in kitchen working properly		
8. Eyewash station clean, ready to use and within expiration date		
9. Floor clean and in good repair		
10. All outlets working and in good repair		
11. Equipment instructions available		
12. Equipment and utensils clean		
13. MSDS available in kitchen		
14. Walls clean		
15. Gloves ready to use for food handling		
16. First aid chart available		
17. Pot holders in good repair		
18. Flashlight in working order		
19. Emergency numbers posted by phone		
	YES	NO
20. 0verhead fan clean		
21. Window and door screens clean and in good repair		

Comments: _____

_____

_____

Signature of Auditor: _____ Date: _____

SAFETY AUDIT - COMMON AREAS

	YES	NO
1. Exit lights lit and functioning		
2. Exits free of obstructions		
3. Handrails clean, stable and in good repair		
4. Lights in good repair and operating		
5. Wandergard system operating properly and plugged in		
6. Flooring in good repair		
7. Spills cleaned up ASAP and wet floor signs used appropriately		
8. Floors clean and dry		
9. Outlets in good repair, no cracks		
10. Fire extinguishers present and charged		
11. Fire doors in good working condition and they close properly		
12. No obstructions in hallways		
13. Linen carts arranged neatly and covered		
14. All doors latch properly		
15. Residents and staff smoke in designated areas		
16. Tables and chairs are clean and in good repair		
17. Green room furniture is clean and in good repair		
18. Green room not cluttered with G/chairs or W/chairs		
19. Door alarms working		
	YES	**NO**
20. Exits clear of snow, objects, etc.		

21. Call light system operating properly
22. Shower room floor mat in place and clean
23. Shower toilet seat in good repair and secure
24. Tubs clean
25. Trash has not accumulated
26. Tables are clean in outside break area
27, Break room is clean and chairs and table in good repair

Comments: _____

_____

Signature of Auditor: _____ Date: _____