

RISK ASSESSMENT CHECKLIST

FOR _____

DATE _____ INSPECTED BY _____

GENERAL SAFETY & HEALTH

YES NO

		Have medical records been set up for all employees?
		Do they include records or declinations of Hepatitis B vaccinations?
		Are NEW employees trained prior to assignment to tasks at risk of bloodborne exposure?
		Are training records set up and kept for 3 years as required by OSHA?
		Has annual training been completed (or scheduled) as required by OSHA?
		Are all work areas adequately lighted?
		Are floor surfaces dry and/or skid-resistant?
		Are all exits properly marked with signs?
		Are all doors that could be mistaken for an exit properly marked with signs?
		Are all exits and paths to exits clear of obstruction, both inside and outside?
		Are all exit doors kept unlocked during working hours so emergency egress does not require keys?
		Have all employees been trained on fire and other emergency contingency plans?
		Is the Federal or State OSHA poster displayed in your facility? New OSHA Poster 2015
		Are other required posting displayed in your facility? Workers Compensation, labor laws etc.
		Is the inspection tag on the extinguisher(s) current?
		Is there an eyewash station located in your facility?
		Is it in good working condition?
		Does it allow only cool or tepid water to flow when used to flush eyes?
		Does a sign designate its location?
		Are all compressed gas containers securely fastened in an upright position?
		Are empty and/or unused gas cylinders capped and properly labeled?
		Do employees know where all fire extinguishers are located?
		Are articles stored on shelves in such a way that they can't fall on employees?
		Are areas under sinks or where trash is stored clean and orderly?
		Are machines and equipment in good working order and equipped with adequate safety guards?
		Are all electrical cords in good condition?
		Are circuit breakers properly labeled?
		Have employees been advised to report all safety concerns to management?
		In areas where monitors are used, are they adjusted to reduce glare and eye strain?
		Are all chairs used by employees in good condition?

COMMENTS:

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TUBERCULOSIS INFECTION CONTROL

YES NO

		Is the policy on TB Infection Control based on current CDC recommendations?
		If required, have all employees received the PPD tuberculin skin test?
		Are your plans based on OSHA's revised TB proposal dated 12/30/2005 per current CDC guidelines?
		Are patients required to complete a medical history form that includes questions about TB?
		Are employees trained on symptoms of TB and how it is spread?
		Does your written plan include administrative controls, specific for your workplace, which address TB infection control?
		Have you completed a risk assessment based on the prevalence of TB in the community you serve and the number of patients with infectious TB that were treated in the facility during the past year?

COMMENTS:

HAZARD COMMUNICATIONS / GHS

YES NO

		Do you have Safety Data Sheets (SDS') for all hazardous products used by employees, including injectable pharmaceuticals? Required by June 2016
		Is the file being maintained correctly by adding new SDS' whenever new products are ordered?
		Do you have a "master list" of hazardous chemicals and is it updated when new SDS' are received?
		Are all chemicals stored properly (i.e., tightly capped, away from heat source if flammable, etc.)?
		Are all containers labeled so contents and hazards are properly identified?
		Are labels on secondary containers legible? GHS Rating System, required by June 2016
		Have employees been trained on your Hazard Communications plan and Globally Harmonized System (GHS)? Mandated since December 1, 2013
		Did the training include the Hazard Rating system you use to convey chemical hazards and the new Pictograms?
		Do all employees know where the SDS book is kept?
		If the use of certain chemicals requires the user to wear appropriate personal protective equipment, is that equipment provided and readily available?

COMMENTS:

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BIOHAZARDOUS WASTE

YES NO

		Is your written plan based on current State and Federal regulations?
		Does it clearly define all biohazardous waste generated in your facility?
		Are all bags and containers properly labeled with phrases and symbols indicating that the contents are biohazardous and/or infectious waste?
		Is this waste disposed of at "point-of-origin" locations (or as close as feasible to the location)?
		Look at all sharps containers. Are the contents below the "fill line" (or about 1" from the top?)
		Are the containers set up so the biohazard symbol is visible?
		Are they set up so there is no risk to employees when they discard needles, syringes or other sharps? (easy to reach; fill line visible; not too high if wall mounted, etc.)
		Do you have a contingency plan in case there is a spill of biohazardous materials and have employees been trained to follow its guidelines?
		Is the storage area for biohazardous waste located in a restricted "employees only" area that is out of the general traffic flow?
		Is the storage area maintained in a clean and orderly manner?
		Is the surface under the storage box (or container) non-absorbent and easy to disinfect in case the container leaks?
		Are all licensed biomedical waste transporter receipts, manifests or "certificates of destruction" kept on file (for 3 years) as required by current state regulations?
		Have employees been trained on your biohazardous waste plan?

COMMENTS:

EVALUATION OF PHYSICAL AND/OR CHEMICAL RISKS

Pursuant to 29 CFR 1910.132 a risk assessment must be performed for hazards, which are present or likely to be present, that would require the use of Personal Protective Equipment.

The use of the following equipment, tools, instruments and/or machinery requires the use of personal protective equipment (PPE) as designated below:

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The following liquid chemicals (such as glutaraldehyde, acids, X-ray chemicals, disinfectants) require the use of PPE as designated below. *(If you aren't sure, check MSDS for products for specific requirements.)*

The following chemical gases or vapors may be present in workareas and require the use of PPE as designated below:

The following equipment, tools or chemicals (such as acids and other strong corrosive or caustic chemicals) could cause burns. The use of PPE as designated below is required.

The following high intensity light, laser, dental curing lights, radioactive materials or radiation equipment requires the use of PPE as designated:

Personal Protective Equipment (PPE) must be provided by the facility and employees must be trained on what PPE is required and when and where it must be worn. Has this training been done?

Yes _____ No _____

HITECH OMNIBUS RULE COMPLIANT? YOU BETTER BE!

Does your practice have current written plans that address both the HIPAA Privacy Rule and the HIPAA Security Rule? Effective March 26, 2013 increased penalties for improper disclosures:

VIOLATION TYPE	EACH VIOLATION	REPEAT VIOLATIONS/YR
Did Not Know	\$100 – \$50,000	\$1,500,000
Reasonable Cause	\$1,000 – \$50,000	\$1,500,000
Willful Neglect – Corrected	\$10,000 – \$50,000	\$1,500,000
Willful Neglect – Not Corrected	\$50,000	\$1,500,000

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