

## MONTHLY HEALTH & SAFETY INSPECTION CHECKLIST

Program Location: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**A) Fire Inspection**

- All employees are required to participate in a minimum of three (3) comprehensive fire drills annually.
- Employees working at a residential location are required to run one (1) comprehensive drill annually.
- Each employee must participate in one type of fire drill each month and document below and complete the Fire Drill Participation Chart (PER67).

**Comprehensive Fire Drill:** An actual fire drill with alarms and evacuations, and includes all persons supported and available employees.

Drill Date & Time: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Location/Description of Fire: \_\_\_\_\_ Was fire safety plan followed? Yes  No

Pull Station Used: \_\_\_\_\_ Exits Used: \_\_\_\_\_

Actual Evacuation Time: \_\_\_\_\_ Evacuation Time Allowed by Fire Dept.: \_\_\_\_\_

People present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments/concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Silent Fire Drill:** A fire drill without alarms or evacuations; essentially a walk-thru and discussion of fire drill requirements.

Name & Date: \_\_\_\_\_

\_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

**Table Top Fire Drill:** A discussion of different fire drill scenarios. No alarms, no evacuations.

Name & Date: \_\_\_\_\_

\_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

Equipment Check	Number Checked	Date Checked		Signature	Comment/Concern
Combination Smoke/CO Alarm					
Smoke Alarm					
Carbon Monoxide Alarm					
Smoke Detector					
Heat Detector (visually check for damage)					
Auxiliary Lighting					
Sprinkler Systems On					
Fire Extinguishers					
Fire Drill Participation Chart (PER67) (Completed for the month)					
Fire Panel Status Complete Monthly Fire Alarm System Test Record (PROG69)					
Fire Plan Posted		Annual Rev. Date	Date Checked		
Evacuation Plan Posted		Annual Rev. Date	Date Checked		
Controlled Access (instructions in Fire Safety Plan)					
Sump Pump					
First Aid Kit					
Record Water Temperature - Not to exceed 120°F - Actual water temperature must be written on checklist	<b>Location</b>	<b>Water Temperature</b>		<b>Date Checked</b>	
	Kitchen				
	Bathroom #1				
	Bathroom #2				

**B) Check Condition of the following:**

(This includes general condition, clean & sanitary, operating properly, items secure, check cords)

Item	Comments	Item	Comments
Washer		Air Conditioner(s)	
Dryer		Barbecue and Tank	
Dishwasher		Television/DVD Player	
Refrigerator 4° C (40° F)		Handrails	
Stove		Lifts (Manual)	
Freezer -18° C (0° F)		Lifts (Mechanical) (labeled properly)	
Microwave		Mobility Aids (walkers/wheelchairs)	
Small Appliances		Electrical Beds	
Space Heaters		Electrical Chairs	
Computer		Central Vacuum (canister, bag, filter)	
Furniture			

Other equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C) Storage:** (This includes accessible, neatly organized, proper storage containers)

<b>Cleaning Supplies:</b>	<b>Comments</b>
Labeled properly	
Secured	
<b>Tanks:</b>	
O2 upright & secured	
Instructions for use available	
Propane stored & secured outside	
<b>Gloves:</b>	
Readily available (vinyl, nitrile)	
<b>Lockout Tags:</b>	
Readily available (minimum five (5) at location)	

**D) Written protocols & strategies in place for individuals**

<b>Protocols &amp; Strategies</b>	<b>Date last reviewed</b>	<b>Reviewed by</b>	<b>Protocols being followed</b>	<b>Comments</b>
Behaviour Supports				
Personal Care/Bathing Protocols				
Health Care Procedures i.e., tube feeding, O2 usage, suctioning, injections, etc.				
Proper techniques to clean and dispose of potential biological hazards i.e.) blood, feces, urine, vomit, etc.				
Proper techniques to perform tasks i.e.) lifting, pushing, pulling, carrying, etc.				

**E) Written Instructions/Information:**

Are written instructions/procedures in place for all mechanical devices? (i.e., lifts, beds, wheelchair lifts in vehicles) Yes  No

Where are they located? \_\_\_\_\_

Physical Demands Analysis - Date Updated: \_\_\_\_\_

SDS Sheets - current within 3 years and location of forms:

\_\_\_\_\_

\_\_\_\_\_

**F) Physical/Visual Inspection of Location**

Exterior	Comments	Interior	Comments
Driveway & Walkway		Outlets - not overloaded - use of power cords	
Windows		Lighting	
Doors		Carpet - clean and secure	
Steps		Flooring	
Railings		Slip & Fall Hazards	
Ramps		Faucets/Bath Fixtures	
Fences		Doors	
Gates		Alarm Systems	
Shed/Storage		Audio/Video Monitoring Systems	
Roof - lifting shingles		Condition of Cords (telephone/extension)	
Exterior of main building/house		Electrical Panel - labeled and identified	
Outside Dryer Vents			



**I) Recommendations**

HAZARDS IDENTIFIED:	RATING	DATE DUE	REP'S. INITIALS	DATE COMPLETE	MANAGER'S INITIALS

**RATING CODE:** Low - Hazards that should be monitored and controlled when practical.  
 Moderate - Hazards that should be controlled as soon as practical and monitored until effective controls can be established.  
 High - Hazards that must be controlled immediately.

ADDITIONAL ISSUES/ITEMS TO BE ADDRESSED:	DATE DUE	REP'S. INITIALS	DATE COMPLETE	MANAGER'S INITIALS

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **MONTHLY HEALTH & SAFETY INSPECTION CHECKLIST**

### **STEPS TO COMPLETE**

1. A designated employee will complete the Monthly Health and Safety Inspection Checklist (PROG15) on a monthly basis.
2. Indicate the location, month and year the review is for on the first page.
3. Complete the inspection - in the space provided, ensure you comment if there are areas/items requiring attention or if it is okay. DO NOT leave blank spaces.
4. Ensure section H “Contact With Employees and/or Other Observations” has been completed.
5. Once the checklist is completed, indicate recommendations. On the last page, list recommendations, name of the person who completed the checklist and the date it was completed.
6. Submit the checklist to the Manager for signature and follow-up.
7. Ensure all recommendations have been completed.
8. The Manager or designate scans the checklist to the database program and writes “Scanned to ShareVision” with the date on the original form.
9. The inspection should be reviewed at staff meetings to ensure follow-up and adherence to guidelines, etc.
10. A running year (latest twelve (12) months) of checklists is to be maintained for one year in the Health & Safety Binder.