

ENVIRONMENTAL SURVEILLANCE REPORT

Date of last fire drill:			
Date of last disaster drill: _____			
Check type; <input type="checkbox"/> Tornado <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Power Failure <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane			
Date of last safety inservice:		Title:	
Does the facility appear clean inside and outside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are floors in good repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are parking areas well lighted and free of hazards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are there items obstructing halls or aisles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is the emergency generator tested monthly on full load and are results documented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are evacuation routes posted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are fire extinguishers tagged/charged/checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are emergency shut-offs marked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is bio-hazardous waste stored appropriately?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is facility labeled "No Smoking"?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Have biomed checks been done on time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Has all new equipment been checked by biomed prior to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is PPE readily available to employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are gas tanks secured properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are store rooms orderly and uncluttered with items stored at least 2 feet from the ceiling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are cleaning solutions, detergents, solvents, etc, labeled and stored properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are needles, syringes and prescription pads properly stored and controlled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are sharps and disposable syringes placed in appropriate boxes and treated as infectious waste?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are sharps boxes less than 75% full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are soiled linen and trash receptacles larger than 32 gallons (including recycling containers) located in a room protected as a hazardous area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Are there any current incident reports concerning physical plant, equipment or safety maintenance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
If there are current incident reports, has the follow-up been completed or does it remain in progress?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
List any repairs (paint, carpet, plaster, etc.) that need to be made:			
List any items that could pose potential safety hazards:			
Any incident reports concerning physical plant, equipment, or safety maintenance filed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Is follow up complete or in-progress?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA