

MANAGEMENT OF ENVIRONMENT HAZARD SURVEILLANCE/RISK ASSESSMENT REPORT FORM

Date: _____ Building: _____

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Safety Management	1. Are grounds clean & free of hazards?						
	2. Are floors clean, dry, in good repair, & free of obstruction?						
	3. Are mechanisms for access (i.e. ramps, handrails, door opening mechanisms, etc.) operational?						
	4. Is the parking area free of potholes or other hazards?						
	SUBTOTALS						PROGRAM TOTAL:
Security Management	1. Are doors functioning & locked as appropriate?						
	2. Are medical records centrally located and accessible ONLY to authorized personnel?						
	3. Are alarms functioning, tested, and maintained in accordance with manufacturer's specifications?						
	4. Are systems/mechanisms in place to quickly notify officials or other staff quickly in the event of a security related problem?						
	SUBTOTALS						PROGRAM TOTAL:

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Hazardous Materials & Waste Management	1. Are OSHA Hazard Communication and Exposure Control Documents Available?						
	2. Have all biohazard and toxic substances present been identified?						
	3. Are Materials Safety Data Sheets (MSDS) quickly available for all identified toxic substances?						
	4. Are all waste contaminated with blood/body fluid considered and handled as infectious?						
	5. Are sharps containers puncture resistant and in accordance with require safety standards?						
	6. Are sharps and disposable syringes placed in approved sharps containers?						
	7. Are all engineering, personal protective equipment & workplace controls in effect?						
	SUBTOTALS						PROGRAM TOTAL:
Emergency Preparedness Management	1. Is there an updated disaster plan in the department?						
	2. Has a non-fire related emergency drill been performed in the past six months?						
	3. Is staff aware of at least three different types of potential non-fire emergencies and their role in eliminating or reducing the risk of patients, staff and property?						
	4. Is staff aware of the primary and secondary exits from the facility?						

Source: the California Primary Care Association’s Clinic Emergency Operations Plan, Appendix D.2

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	SUBTOTALS						PROGRAM TOTAL:
Life Safety Management	1. Is the evacuation plan posted and can staff demonstrate knowledge of the plan?						
	2. Are fire extinguishers located in accordance with NFPA standards?						
	3. Are fire extinguishers inspected monthly and documented on/near the extinguisher?						
	4. Are smoke/fire alarm systems functioning, tested, and maintained in accordance with manufacturers specifications?						
	5. Are exit hallways well lit & obstacle free?						
	6. Is emergency exit lighting operational and tested in accordance with NFPA standards?						
	7. Are fire/smoke doors operating effectively?						
	8. Are no smoking policies in effect and signs are posted appropriately?						
		SUBTOTALS					
Medical Equipment Management	1. Is there a unique inventory of all medical equipment in the facility?						
	2. Are all equipment evaluated & prioritized prior to use?						
	3. Has all equipment been tested/maintained according to manufacturer's specifications?						

Source: the California Primary Care Association’s Clinic Emergency Operations Plan, Appendix D.2

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	4. Are maintenance records complete, are they capable of tracking the maintenance history of a particular piece of equipment, and do they record the results of both electrical safety as well as calibration, as appropriate?						
	5. Are systems/mechanisms in place to respond appropriately to a medical equipment failure?						
	SUBTOTALS						PROGRAM TOTAL:
Utility Management	1. Are the lights, emergency lights, and power plugs operational and in working order?						
	2. Does the water/sewage system appear to be working properly and has the water quality been tested within the past year?						
	3. Is the telephone system operational?						
	4. Has the HVAC system been inspected in accordance with manufacturers specifications and have the filters been checked quarterly?						
	5. Are fire suppression (sprinkler) systems checked at least once a year, or as appropriate by a qualified individual?						
	6. Are shut-offs for all utility systems clearly marked, & accessible for all staff in the event of an emergency?						
	7. Are systems/mechanisms in place to respond in the event of a failure of any utility system?						
	SUBTOTALS						PROGRAM TOTAL:

Source: the California Primary Care Association’s Clinic Emergency Operations Plan, Appendix D.2

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Infection Control Monitoring Issues	1. Is all staff utilizing Universal Precautions (i.e. utilizing appropriate PPE, handwashing, etc.) in the performance of their job duties?						
	2. Are cleaning solutions secured, mixed, and utilized appropriately throughout the facility?						
	3. Are potentially "infectious patients" aggressively identified and processed in a manner which would minimize the risk of infection of staff and other patients?						
	4. Can staff intelligently describe their role in infection control within the organization?						
	SUBTOTALS						PROGRAM TOTAL:
Other Key Safety Monitoring Issues	1. Are Utility Rooms locked, clean and clear of debris?						
	2. Are Storage Rooms secure, clean, and free of flammable?						
	3. Are Emergency Carts present, as appropriate, fully stocked, and checked per schedule?						
	4. Are all medications, including samples, secured and accounted for by lot number?						
	SUBTOTALS						PROGRAM TOTAL:

Source: the California Primary Care Association's Clinic Emergency Operations Plan, Appendix D.2

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	OVERALL ASSESSMENT TOTALS						TOTAL:

SCORING LEGEND:

**1 = Outstanding
Unsatisfactory**

2 = Good

3 = Satisfactory

4 = Marginal

5 =

Inspected Conducted By: _____

Reports Noted: _____ Date: _____

Safety Officer