

SELF INSPECTION, HEALTH OFFICE

FACILITY: _____

DATE: _____

ITEM:	Satisfactory	Unsatisfactory	Reported
Is the fire extinguisher mounted, readily accessible and fully charged?			
Do each of the personnel know their responsibilities during a disaster?			
Are equipment and supplies stored safely?			
Is the evacuation route posted?			
Are exit signs and emergency lighting functioning properly?			
Are First Aid and disaster supplies monitored?			
Cal/OSHA poster posted?			
Are fire drill records current?			
Is the fire alarm operational?			
Are safe work practices being observed?			
Is the dress code being honored?			
Are infection control standards and universal precautions being used?			
Are all staff using proper body mechanics?			
Are protective and measuring devices used for mixing chemicals?			

Comments: _____

Inspector: _____