

## UCDH SAFETY COORDINATOR SELF-INSPECTION CHECKLIST

**Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Cost Center:** \_\_\_\_\_  
**Dept/Unit:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_ **Division Safety Representative:** \_\_\_\_\_  
**Locations inspected (Building and Rooms or Area):** \_\_\_\_\_

#	Item	N/A	Yes	No	Fixed Immediately
1	Cleanliness appropriate in all areas including storage, utility and nutrition rooms				
2	Upholstery on chairs and beds in good condition - no rips				
3	Ceiling tiles in good condition – none missing or stained				
4	Supplies are current (none expired)				
5	Storage in patient care areas is appropriate - no items stored under sinks				
6	Staff demonstrate proper handwashing, use universal precautions				
7	Food and drink properly stored (no old food; food in labeled fridge)				
8	Personal protective equipment properly used (gloves, lab coats, N-95 respirators, eye and face protection, etc.)				
9	N-95 masks available in all sizes if there are patients in airborne isolation				
10	Fire extinguisher charged and inspected				
11	Fire and evacuation plan in red binder, map posted, emergency phone numbers posted				
12	Exits are visible and accessible. Exit signs are properly illuminated				
13	Doors must open, close and latch – not blocked or propped, latch not taped open				
14	Walls and doors in good condition no holes in walls or damage to doors				
15	No extension cords or power strips (surge suppressor power strips with computer equipment only)				
16	Portable electric space heaters prohibited in patient care areas, other areas use with approval				
17	Electrical outlet and switch cover-plates are in place				
18	Sprinklers – no decorations or any attachments to sprinklers or associated piping				
19	Items stored at least 18 inches below sprinkler heads (items may be stored on the perimeter wall to the ceiling when not located directly below a sprinkler head)				
20	Employees comply with the UCDH No Smoking Policy				
21	Area clear of slip and trip hazards, wet floor signs posted as needed				
22	Heavy items are stored safely (not stored higher than 5 feet)				
23	Furniture, workstation and equipment is functional				
24	Employees use proper ergonomic practices (e.g., lifting, bending, reaching) and processes with high risk have been evaluated				
25	Equipment for moving patients is appropriate, functional and readily available				
26	Ladders and step stools are in good condition and used properly				
27	Gas cylinders are secured (including extras) and segregated in a designated and approved space as FULL, PARTIAL and EMPTY				
28	SDSs are available in binders or on-line (ask staff if they know how to access)				
29	Chemicals labeled, properly stored, flammable chemicals away from heat sources and spill kits available where needed				
30	Medical and hazardous wastes appropriately segregated				
31	Used batteries are in the appropriate collection container and labeled				
32	Other --				

### Notes for items requiring follow up action

#	Action Required	Assigned To	Due Date	Date Completed

Keep a copy of completed inspections with unit injury prevention records and  
 forward a copy to **your division safety representative** in March and September

## UCDH SAFETY COORDINATOR SELF-INSPECTION CHECKLIST GUIDE

### **1. Cleanliness appropriate in all areas including storage, utility and nutrition rooms**

Contact Environmental Services if cleaning is needed. Discuss with your supervisor if additional action is needed.

### **2. No rips in upholstery or beds**

PCS – notify a Unit Manager. All other units – submit a furniture request to Facilities Planning for repair.

### **3. No ceiling tiles missing or stained**

PCS – notify a Unit Manager. On the main Sacramento campus, submit a PO&M work order. In a leased facility contact Facilities Planning.

### **4. Expired supplies**

Remove all expired supplies.

### **5. No items stored under sinks in patient care areas**

Inspect under sinks.

### **6. Staff demonstrate proper handwashing, use universal precautions**

Observe staff behavior.

### **7. Food and drink properly stored (no old food; food in labeled fridge)**

In patient care areas and laboratories food must be in-labeled fridges Food Only. Chemicals and biohazardous materials must be in their own appropriately labeled fridges. Patient food and staff food are located in separate designated fridges.

### **8. Personal Protective Equipment properly used (gloves, lab coats, N-95 respirators, eye and face protection, etc.)**

Personal protective equipment must be available and used in accordance with the hazard when there is potential for exposure to blood, chemicals or other hazards.

### **9. N-95 masks available in all sizes if there are patients in airborne isolation**

If there are patients in airborne isolation, all sizes of mask must be available on the unit, this includes 3M 1860, 1860s and 1870.

### **10. Fire extinguisher charged and inspected**

Fire Protection checks these on a regular basis, but you can check to see if the pressure gage is in the green zone. Contact UC Fire at 916-734-3036 if there is a problem.

### **11. Fire and evacuation plan in red binder, map posted, emergency phone numbers posted**

Your fire and evacuation/relocation plan should be in your red Disaster Manual and should be no more than three years old. Evacuation maps should be posted near all stairway entrances, elevator lobbies and public entrances to buildings. Contact Fire Prevention at 916-734-3036 if you need help.

There should be an emergency number posting on your bulletin board dated 5/1/24, this posting can be found under on the safety coordinator resources page on the EH&S website.

### **12. Exits are visible, accessible and are properly illuminated**

Submit a PO&M work order if an Exit sign is out (PCS – notify a unit manager). In a leased facility contact Facilities Planning.

### **13. Doors must open, close and latch – not blocked or propped, latch not taped open**

Submit a PO&M work order if a door won't close or latch. (PCS – notify a unit manager). In a leased facility contact Facilities Planning. Notify supervisor and file an incident report if a latch is taped open.

**14. No holes in walls or damage to doors**

Submit a PO&M work order to repair damage. (PCS – notify a unit manager). In a leased facility contact Facilities Planning.

**15. No extension cords or power strips (surge suppressor power strips with computer equipment only)**

Extension cords are a temporary measure, and not a replacement for having sufficient outlets. (Surge protectors are permitted for computer equipment.) Submit a Facilities request if more outlets are needed.

**16. Portable electric space heaters prohibited in patient care areas, other areas use with approval**

Space heaters are prohibited in patient care areas. In other areas where space heaters might be permitted, consult the UC Davis Fire Marshal's website for current guidance. PO&M and UCDH Fire Prevention must approve the purchase and use of each portable space heater.

**17. Electrical outlet and switch cover-plates are in place**

Submit a PO&M work order if an outlet or switch cover plate is missing (PCS – notify a unit manager). In a leased facility contact Facilities Planning.

**18. Sprinklers – no decorations or any attachments to sprinklers or associated piping**

Remove anything attached to sprinklers or piping. Contact PO&M for assistance if needed.

**19. No items stored within 18 inches below sprinkler heads**

The only exception is items may be stored up to the ceiling on the perimeter wall when not located directly below a sprinkler head. Contact Fire Prevention if you need clarification for specific questions.

**20. Employees comply with the UCDH No Smoking Policy**

See [P&P 1628](#). Smoking is prohibited in any building or anywhere on the property.

**21. Area clear of slip and trip hazards, wet floor signs posted as needed**

Remove hazards. Submit a PO&M work order if repairs are needed. (PCS – notify a unit manager. Leased properties – contact Facilities Planning).

**22. Large/heavy items are stored safely (not stored higher than 5 feet)**

Cabinets or shelves may tip over if top heavy. There is also a concern about employees hurting themselves with unsafe lifts. Regular lifting heavy items above shoulder height causes ergonomic stress. There is an increased hazard in an earthquake.

**23. Furniture, workstation and equipment is functional**

Ergonomic self-assessment and training is available through LMS. Contact Workers' Compensation 916-734-6180 if an ergonomic evaluation is needed.

**24. Employees use proper ergonomic practices (e.g., lifting, bending, reaching) and processes with high risk for ergonomic injuries have been evaluated**

Refer to [P&P 1625](#) for ergonomic program information. Tasks with high ergonomic risk should be evaluated by the Workers' Compensation unit upon implementation and periodically thereafter.

**25. Equipment for moving patients is appropriate, functional and readily available**

Equipment required for safe patient handling tasks must be available and functional. Staff should know how to request assistance, including use of the lift team. Staff know they have the right to refuse an unsafe lift.

**26. Ladders and step stools are in good condition and used properly**

If it looks dangerous, it probably is. Call EH&S 916-734-2740 with questions. Tall step stools or platforms (designed to step on the top) over 30" must have handrails. For regular ladders, employees may not stand on the top two steps. Extension ladders should be situated at a 4:1 ratio (e.g., the base of a 16-foot ladder should be 4 feet out from the building).

**27. Gas cylinders are secured (including extras) and segregated in a designated and approved space as FULL, PARTIAL, and EMPTY**

These cylinders must be stored in carriers, not lose on the floor or a shelf, or, if in use, must be secured to beds or other equipment. For additional guidance on safe cylinder storage, see UCDH [P&P 1685](#). Cylinders must be segregated in a designated and approved space as FULL, PARTIAL and EMPTY.

**28. Departmental Safety Data Sheets are available.**

Departments can make SDSs available by training employees to use the SDS website ([eBinder | Chemical Management](#)), in which case no SDS binder is needed. If hard copies are used they may be kept in an SDS binder. Ask employees how they get their SDS information. [P&P 1641](#) requires that a current inventory of hazardous materials be maintained, and that SDSs are available for each item. If the department chooses to keep an SDS binder, purge outdated content.

**29. Chemicals labeled, properly stored, flammable chemicals away from heat sources and spill kits available where needed**

Never store chemicals in alphabetical order, unless they are first sorted by hazard class (flammable, oxidizer, corrosive, etc.). See the SDS for compatibility guidance. Store bottles in a compatible tray that can hold the volume of one bottle in the event of breakage; consider buying chemicals in plastic-coated glass bottles. Amounts over 10 gallons total of flammable liquids must be stored in a flammable storage cabinet. If hazardous chemicals are used in the work area, a spill kit must be available. Such chemicals include 70% isopropanol and formalin. The general spill kit is available via Infor Lawson. Item number is 124064. Employees need to know that they, not Environmental Services or PO&M, are responsible for spill cleanup. [P&P 1725](#)

**30. Medical and hazardous wastes appropriately segregated**

**Biohazardous bins with red bag liners (RED)** – fluid blood waste or other liquid infectious materials, including syringes with blood, used IV catheters containing blood. No pharmaceutical waste.

**Pharmaceutical/Sharps containers (BLUE)** – medication vials, sharps, syringes/needles with or without medications, fluids containing meds, partial doses of controlled substances.

**Sharps containers [Off-site Clinics and Lab areas only] (RED)** – sharps, syringes with blood, lab tubes with blood, urine cup with blue lid or blue lid only. No pharmaceutical waste.

**Trace Chemotherapy containers (YELLOW)** – contaminated items generated during chemotherapy preparation and administration; gloves, gowns, masks, empty IV bags/tubing, empty syringes or empty vials.

**Hazardous waste container (BLACK)** – hazardous waste; segregated by compatibility and container is closed when not in immediate use.

**31. Used batteries are in the appropriate collection container and labeled**

Dissimilar battery chemistries should be prevented from contacting each other using individual plastic bags or by placing electrical tape over the terminals. The container must be labeled with language as shows below:

For Medical Center Locations:

<p><b>UNIVERSAL WASTE:</b></p> <p><b>BATTERIES</b></p> <p>Accumulation start date _____</p> <p>Request a battery pick up online at <a href="http://Safety">http://Safety</a> within nine months of the above date.</p>
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For Off-site Locations:

<p><b>UNIVERSAL WASTE:</b></p> <p><b>BATTERIES</b></p> <p>Accumulation start date _____</p> <p>Give to UCD Mail Services in an envelope labeled "Used Batteries" for recycling within nine months of above date.</p>
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