**HSE CHECKLIST**

**Date of Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspection Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **ENVIRONMENT** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | All areas are dust free, neat and clean. |  |  |
| 2 | No items are stored on the floor. |  |  |
| 3 | Surfaces, shelves and cupboards are clean and dust free. |  |  |
| 4 | The furniture (examination beds, tables, chairs) is clean and intact. |  |  |
| 5 | Curtains and blinds are free from stains, dust, and cobwebs. |  |  |
| 6 | There is no evidence of insect and/or rodent infestation. |  |  |
| 7 | All storage areas are in order. |  |  |
| 8 | All items are stored on raised shelving or in applicable storage area. |  |  |
| **Comments:** |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | The following PPE is available in the unit: |  |
|  | a. Surgical face masks |  |  |
|  | b. Gloves |  |  |
| 2 | PPE is used appropriately. *(Randomly check two staff members.)* |  |  |
| **Comments:** |
| **HAND HYGIENE** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | There is disposable liquid soap at each hand wash basin. |  |  |
| 2 | There are disposable paper towels at each hand wash basin. |  |  |
| 3 | There is a covered waste bin for used disposable paper towels at every handwash basin. |  |  |
| 4 | The handwash basins are unblocked and are free from rust or used items. |  |  |
| 5 | Alcohol-based hand rub is readily available at all patients’ point of care. |  |  |
| 6 | The unit has visibly displayed information on hand hygiene for staff and patients to read. |  |  |
| 7 | All liquid soaps’ containers and alcohol-based handrub sanitizers’ containers are disposable. |  |  |
| **Comments:** |
| **WASTE MANAGEMENT** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | The waste bins are not > ¾ full. |  |  |
| 2 | The waste bags appear intact without any leakages. |  |  |
| **Comments:** |
| **TOILETS** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | The toilets and surrounding area (floor, walls and surfaces) is clean. |  |  |
| 2 | Hand washing facilities are available, including hand wash basin/soap/disposable paper towels. |  |  |
| **Comments:** |
| **FIRE AND SAFETY** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | Evacuation map available and staff aware of evacuation map. |  |  |
| 2 | Staff aware of emergency response evacuation procedures and assembly points. |  |  |
| 3 | Emergency Exits: Signs available and paths are clear (no obstructions). |  |  |
| 4 | Fire Extinguishers: Wall mounted or stand mounted |  |  |
| 5 | Fire Extinguishers: Types and location of extinguishers available in the unit. |  |  |
| 6 | Fire Extinguishers: PPM is up to date. |  |  |
| 7 | Staff assignment as Fire Warden is available with training certificate.  |  |  |
| **Comments:** |
| **CHEMICALS MATERIAL SAFETY DATA SHEET (MSDS)** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | Chemicals are stores separately in a locked cabinet. |  |  |
| 2 | Chemicals inventory available and staff is aware of it. |  |  |
| 3 | Folder for MSDS available and accessible. |  |  |
| 4 | Staff aware of availability and contents of folder. |  |  |
| 5 | Staff aware of what to do in case of spillage. |  |  |
| **Comments:** |
| **ELECTRICAL SAFETY** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | All electrical panels are clearly labeled. |  |  |
| 2 | Defective cables, motors, or fans are not present in the facility. |  |  |
| 3 | Safe multi-way adaptors are used in the facility. |  |  |
| 4 | Electrical sources are located at a safe distance from water sources. |  |  |
| **Comments:** |
| **FIRST AID**  *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | First aid kits are available and appropriate for the number of staff. |  |  |
| 2 | First aid kits are visible, labeled, regularly checked and maintained. |  |  |
| **Comments:** |
| **PEST CONTROL** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | A valid contract exists for pest control services. |  |  |
| 2 | Contracted services are monitored. |  |  |
| 3 | Pest control records are maintained.  |  |  |
| **Comments:** |
| **DISINFECTION & CLEANING RECORDS** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | Room disinfection checklists completed and signed by housekeeping staff daily. |  |  |
| 2 | Toilet cleaning checklists completed and signed by housekeeping staff daily |  |  |
| 3 | All checklists stored in H&S folder at end of each month. |  |  |
| **Comments:** |
| **INFECTION CONTROL CHECKLIST** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | Infection control survey completed and signed on a weekly basis. |  |  |
| 2 | Corrective actions assigned to applicable staff members and completed. |  |  |
| 3 | Infection control survey stored in H&S folder at end of each week. |  |  |
| **Comments:** |
| **SIGNAGE PRESENT** *(Tick the appropriate box)* | **YES** | **NO** |
| 1 | Emergency Exit Floor Plans  |  |  |
| 2 | Exit Directional Signs  |  |  |
| 3 | Emergency Evacuation Response Team Notice |  |  |
| 4 | Fire Action Notice  |  |  |
| 5 | Fire Extinguisher Notice/Sign  |  |  |
| 6 | Hand Hygiene Notice  |  |  |
| 7 | First Aid Box Location Sign  |  |  |
| 8 | No Smoking Sign in client waiting area. |  |  |
| **Comments:** |