

## Department Safety Checklist

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

	Yes	No	Safe and Orderly Operating Conditions	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Area(s) are clean and orderly			
2	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Boards and walls are free of clutter and outdated information.			
3	<input type="checkbox"/>	<input type="checkbox"/>	There are no tripping hazards, wet spots, protruding objects, miscellaneous debris			
4	<input type="checkbox"/>	<input type="checkbox"/>	Permanent aisles/passageways are clean of debris			
5	<input type="checkbox"/>	<input type="checkbox"/>	"No Food or Drink" areas are clearly marked			
6	<input type="checkbox"/>	<input type="checkbox"/>	Unused equipment is kept in a safe and orderly manner			
7	<input type="checkbox"/>	<input type="checkbox"/>	Is equipment in working order or has been reported as broken			
8	<input type="checkbox"/>	<input type="checkbox"/>	Warning and hazard signs are posted where they are required			
9	<input type="checkbox"/>	<input type="checkbox"/>	Emergency exits are correctly marked, visible, accessible, at a minimum width of 28 inches			
10	<input type="checkbox"/>	<input type="checkbox"/>	Is your work area(s) ergonomically arranged, for multiple users, to reduce awkward postures and repetitive motion			
11	<input type="checkbox"/>	<input type="checkbox"/>	During Safety conversation Employees have understand 1) Employee understands the process for reporting a workplace incident 2) Signs and Symptoms of repetitive motion and overexertion 3) proper body mechanics for material handling 4) When appropriate PPE is required 5) How to access the MSDS website			
12	<input type="checkbox"/>	<input type="checkbox"/>	Proper Stretching techniques are being used			

	Yes	No	Safe and Orderly Operating Conditions	Hazards/Comments	Action Item/Owner	Completion Date
1			Doors that are not exits but, could be mistaken for exits, are clearly marked "NOT AN EXIT"			
2	<input type="checkbox"/>	<input type="checkbox"/>	There is sufficient lighting			
3	<input type="checkbox"/>	<input type="checkbox"/>	There is sufficient ventilation			
4	<input type="checkbox"/>	<input type="checkbox"/>	The noise level permits normal, working conversation and safe communications ( HOODS )			
5	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned/waxed/wet floors have proper signage			
6	<input type="checkbox"/>	<input type="checkbox"/>	Emergency eyewash stations/Portable Bottles are accessible and operational (15 seconds to eyewash for 15 minutes of continuous eye wash stream)			
7	<input type="checkbox"/>	<input type="checkbox"/>	Technician to document that they flush essential eye-wash stations on a weekly basis			
8	<input type="checkbox"/>	<input type="checkbox"/>	Eyewash station is not obstructed			
9	<input type="checkbox"/>	<input type="checkbox"/>	Storage cabinets and shelves are secured			

	Yes	No	Fire Safety	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers clearly accessible; seals are intact; properly mounted to wall, and current inspection tags securely attached			
2	<input type="checkbox"/>	<input type="checkbox"/>	The correct number of fire extinguishers required for the facility are provided and suitably located in the building - 1 in main pharmacy			
3	<input type="checkbox"/>	<input type="checkbox"/>	The backs of inspection tags are initialed and dated by the person responsible for monthly checks			
4	<input type="checkbox"/>	<input type="checkbox"/>	There is an 18" minimum clearance below all fire sprinklers			
5	<input type="checkbox"/>	<input type="checkbox"/>	Exits properly marked and accessible			
6	<input type="checkbox"/>	<input type="checkbox"/>	Exit-access corridors free of storage			

	YES	No	Earth quake Safety	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	All heavy objects are below 5 feet; all shelves below 7'6"			
2	<input type="checkbox"/>	<input type="checkbox"/>	Furniture and equipment, that could tip and block an exit, are properly anchored			
3	<input type="checkbox"/>	<input type="checkbox"/>	Stored materials are stacked securely to prevent tipping, scattering, tripping			
4	<input type="checkbox"/>	<input type="checkbox"/>	Office/Lab: Shelf units are bolted to wall/floor			
5	<input type="checkbox"/>	<input type="checkbox"/>	Office/Lab: Computers and copying equipment are held firmly in place			

	YES	No	Electrical Safety	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords; are not used in place of permanent wiring, i.e., run through walls, ceilings, doors			
2	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords, with three prong plugs are not damaged, taped, or daisy-chained			
3	<input type="checkbox"/>	<input type="checkbox"/>	Power/Equipment cords are in good condition; no fraying and ground pins are in place			
4	<input type="checkbox"/>	<input type="checkbox"/>	Replaced frayed wires			
5	<input type="checkbox"/>	<input type="checkbox"/>	Electrical receptacles that are located within 6' of sinks & exterior doors or are on metal-surfaced workbenches are GFCIs			

	YES	No	Chemical Storage	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets and containers are properly labeled			
2	<input type="checkbox"/>	<input type="checkbox"/>	There are separate disposal containers for Hazardous Materials, trash, and other materials			
3	<input type="checkbox"/>	<input type="checkbox"/>	Bottles, vials, etc. are properly labeled with contents and date			
4	<input type="checkbox"/>	<input type="checkbox"/>	Flammables are stored in the appropriate cabinet(s)			
5	<input type="checkbox"/>	<input type="checkbox"/>	Spill-containment materials are readily available for simple and small spills			
6	<input type="checkbox"/>	<input type="checkbox"/>	Material Safety Data Sheets (MSDSs) are available for all hazardous substances present			

	YES	No	Compressed Gases	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>				

	YES	NO	Hazardous Waste	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	There is a designated Waste Accumulation Area (WAA)			
2	<input type="checkbox"/>	<input type="checkbox"/>	There are appropriate disposal cans available, properly labeled with contents and date, and clearly marked "Hazardous Waste"			
3	<input type="checkbox"/>	<input type="checkbox"/>	"Accumulation Start" date and contact name is provided on each containers			
4	<input type="checkbox"/>	<input type="checkbox"/>	Containers are closed except when being filled or emptied			
5	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate containers are emptied ¾ full mark			
6	<input type="checkbox"/>	<input type="checkbox"/>	There is a Waste Accumulation Area manifest readily available			

	YES	NO	Safety Items Unique to Your Department	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Temperatures varies in the satellite and main pharmacy			
2	<input type="checkbox"/>	<input type="checkbox"/>	There is appropriate storage area			
3	<input type="checkbox"/>	<input type="checkbox"/>	Is the hood adjusted for the height of the user			
4	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				