

TDI

Safety @ Work
Division of Workers' Compensation



Health Care Provider

Self-Inspection Checklist

Texas Department of Insurance, Division of Workers' Compensation
www.txsafetyatwork.com
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DISCLAIMER

This Health Care Provider Self-Inspection Checklist is provided as a public service by the Texas Department of Insurance, Division of Workers' Compensation (**DWC**) and the Texas Occupational Safety and Health Consultation Program (**OSHCON**). Unless otherwise noted, this document was produced by DWC using information from staff subject specialists, government entities, or other authoritative sources. Information contained in this publication is considered accurate at the time of publication. For more free publications and other occupational safety and health resources, visit www.txsafetyatwork.com, call 800-252-7031, option 2, or email resourcecenter@tdi.texas.gov.

INTRODUCTION

At the core of every effective safety and health program is an orderly process for finding and fixing workplace hazards. Self-inspections are vital in identifying new or potential hazards and ensuring the safety and health of workers.

Routine workplace self-inspections help to:

- identify hazards;
- create hazard controls; and
- monitor and evaluate the effectiveness of hazard controls.

This self-inspection safety checklist is organized by areas of concern in a health care setting. It is designed to make it easy for you to use as you think about and walk through your department or facility.

An important and often overlooked part of a self-inspection is making sure there is consistent improvement in areas that need attention. Scheduling regular reviews of your inspection and adding a timetable for improvements can bring success.

Many health care facilities also form a risk management committee to help monitor needed improvements. A regularly scheduled review and report on the progress of the committee help validate your efforts.

This checklist is not a certified manual to guarantee full compliance with federal, state, or local regulations. It is by no means all-inclusive and does not cover all standards or regulations that may apply to your health care facility. It should be used only as a guide to allow you to customize and address the unique concerns in your workplace.

Resources

Occupational Safety and Health Administration (OSHA) Code of Federal Regulations (CFR)

- **Bloodborne Pathogens**
[29 CFR 1910.1030](#)
- **Personal Protective Equipment**
[29 CFR 1910.132](#) (General requirements)
[29 CFR 1910.133](#) (Eye and face protection)
- **Respiratory Protection**
[29 CFR 1910.134](#)
- **Other Toxic and Hazardous Substances**
[29 CFR 1910.1047](#) (Ethylene oxide)
[29 CFR 1910.1048](#) (Formaldehyde)
[29 CFR 1910.1096](#) (Ionizing radiation)
[29 CFR 1910.1200](#) (Hazard communication)
[29 CFR 1910.1450](#) (Occupational exposure to hazardous chemicals in laboratories)

Texas Occupational Safety and Health Consultation Program (OSHCON)

- **Free on-site or virtual OSHA compliance counseling**
OSHCON@tdi.texas.gov
1-800-252-7031, option 2

Texas Department of Insurance, Division of Workers' Compensation (DWC)-Workplace Safety

- **OSHA-authorized workplace safety and health instruction and training**
www.safetytraining@tdi.texas.gov
1-800-252-7031, option 2
- **Free workplace safety and health publications and streaming videos**
ResourceCenter@tdi.texas.gov
1-512-804-4620

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Health Care Provider Self- Inspection Checklist

Company name: _____

Jobsite location: _____

Department: _____ Supervisor: _____

Date: _____ Time: _____

Inspector: _____

Jobsite (General)

	Yes	No	N/A	Date Corrected
1. Do you have an active safety and health program in place that includes general safety practices and hazard mitigation controls specific to your worksite?				
2. Is one person responsible for the overall activities of your safety and health program?				
3. Is OSHA's "It's the Law" Workplace Poster displayed where employees can readily view it?				
4. Are safety and warning signs in place and visible?				
5. Are safety meetings held periodically?				
6. Has job-related safety training been completed?				
7. Has an accident reporting procedure been established?				
8. Is a substance abuse policy in place?				
9. Are injury records kept?				
10. Are there procedures to handle hazardous waste?				
11. Do you have a safety committee or group made up of management and labor representatives that meet regularly and report about its activities in writing?				
12. Do you have a working procedure for handling in-house employee complaints regarding health and safety?				
13. Are employees informed about successful efforts and accomplishments that help keep the workplace healthful and safe?				
14. Have you considered incentives for employees or workgroups who have excelled in reducing workplace injuries and illnesses?				

General Work Environment

	Yes	No	N/A	Date Corrected
1. Is a documented, functioning housekeeping program in place?				
2. Are all areas of the facility maintained in a clean and orderly condition?				
3. Are all surfaces kept dry? • If not, are methods taken to ensure the surfaces are slip-resistant?				
4. Are passageways and walkways clear?				
5. Are all spilled hazardous materials or liquids, including blood and other potentially infectious materials, cleaned immediately according to proper procedures?				
6. Are waste containers provided and used?				
7. Is all regulated waste, as defined in the OSHA bloodborne pathogens standard, discarded according to federal, state, and local regulations?				
8. Are sanitary facilities adequate and clean?				
9. Are eye-flushing facilities available?				
10. Are emergency showers available?				
11. Are all compressed gas bottles and cylinders secured to prevent fall-over or knock-over accidents?				
12. Are all exit signs requiring illumination lit?				
13. Are all exits clearly marked?				

Exposure Control

	Yes	No	N/A	Date Corrected
1. Are employees exposed to the hazards of Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Tuberculosis (TB), or other Bloodborne Pathogens? • If so, has the employer established a written Exposure Control Plan designed to eliminate or minimize exposure?				
2. Do you inform, obtain consent, and test employees for HIV or HBV following exposure from a needle stick, mucous membrane exposure, or cutaneous exposure?				
3. Do you test the patient for HIV/HBV as soon as possible after an employee's exposure if a negative test has not yet been confirmed?				

	Yes	No	N/A	Date Corrected
4. Do you provide HIV serologic testing for an exposed employee as soon as possible, and then at 6 weeks, 12 weeks, and 6 months?				
5. Do you provide HBV vaccines free of charge to employees with occupational exposure to HBV?				
6. Do you have a COVID-19 plan that was developed in consultation with non-management employees?				
7. If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employee's vaccination status?				
8. Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected?				
9. Do you have a health screening protocol for screening employees before each workday and each shift?				
10. Does your policy require employees to notify you if they are experiencing COVID-19-like symptoms including: <ul style="list-style-type: none"> • a recent loss of taste or smell with no other explanation? • a fever of at least 100.4°F with a new unexplained cough associated with shortness of breath? 				
11. Do you advise the employee to seek medical attention for these illnesses?				
12. Do you have a Sharps Policy that forbids the recapping or re-sheathing of needles?				
13. Do you enforce a policy of universal precautions regarding blood and other potentially infectious materials (OPIM)?				
14. Are adequate and appropriate sharps disposal containers provided?				

Personal Protective Equipment (PPE)

	Yes	No	N/A	Date Corrected
1. Is the necessary PPE (head, eye, face, hand, foot, or respirator) available and in use during the activities and locations where it is required?				
2. Is the PPE suitable protection for the hazard?				
3. Are employees properly fitted with PPE?				

	Yes	No	N/A	Date Corrected
4. Has the employee been trained on what PPE is necessary for each job task, when it is needed, and how to properly adjust it?				
5. Are protective gloves, aprons, shields, or other PPE provided and required where there is the possibility of cuts or anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials?				
6. Are there work procedures, protective clothing, and equipment provided and used when cleaning up spilled toxic or hazardous materials or liquids?				
7. Are there procedures in place for disposing of or decontaminating PPE contaminated with blood or other infectious materials?				

Hazard Communications

	Yes	No	N/A	Date Corrected
1. Is there a list of hazardous substances used in your workplace?				
2. Is there a written hazard communication program dealing with Safety Data Sheets (SDS), labeling, and employee training?				
3. Is each container for a hazardous substance labeled with product identification information and hazard warnings communicating the specific health and physical hazards?				
4. Is there a SDS readily available for each hazardous substance used?				
5. Is there an employee training program for hazardous substances? If yes, does it include: <ul style="list-style-type: none"> • an explanation of what an SDS is and how to use and obtain one? • SDS contents for each hazardous substance or class of substances? • an explanation of "Right to Know?" • identification of where an employee can see the employer's written hazard communication program? • where hazardous substances are present in the workplace? • the physical and health hazards of substances in the work area? • specific protective measures for hazardous substances? • details of the hazard communication program including how to use the labeling system and SDSs? 				

	Yes	No	N/A	Date Corrected
6. Are employees trained to: <ul style="list-style-type: none"> • recognize tasks that might result in occupational exposure? • understand the benefits and limitations of work practices, engineering controls, and PPE? • know the type, selection, proper use, location, removal, handling, decontamination, and disposal of PPE? • who to contact in an emergency? 				

Recordkeeping

	Yes	No	N/A	Date Corrected
1. Are all occupational injuries or illnesses, other than minor first aid treatments, recorded?				
2. Are OSHA 300 Illness and Injury Logs maintained, certified, and posted annually in the workplace for three months, from February 1 until April 30?				
3. Are all operating permits and records up-to-date for such items as elevators, air pressure tanks, etc.?				

For help customizing your health care facility's self-inspection safety checklist, contact a DWC OSCHON consultant today at **1-800-252-7031, option 2**, or download any of the following DWC health care publications:

- Back Injury Prevention Safety Training Program for the Health Care Industry ([English](#) / [Spanish](#))
- Back Injury Prevention Workplace Program for the Health Care Industry ([English](#))
- Biosafety Containers Fact Sheet ([English](#) / [Spanish](#))
- Bloodborne Pathogens Exposure Control Checklist ([English](#) / [Spanish](#))
- Bloodborne Pathogen Exposures Control Plan Sample OSHA Written Program ([English](#))
- Bloodborne Pathogens Safety Training Program ([English](#) / [Spanish](#))
- Health Care Facilities and Workplace Violence Prevention Safety Training Program ([English](#) / [Spanish](#))
- Health Care Personnel Occupational HIV Transmission Prevention ([English](#) / [Spanish](#))
- Health Care Providers' Computer Keyboards and Bacteria Hazards ([English](#) / [Spanish](#))
- Health Recommendations for Relief Workers Fact Sheet ([English](#) / [Spanish](#))
- Latex Allergy Fact Sheet ([English](#) / [Spanish](#))
- Sharps Safety - Take 5 for Safety ([English](#) / [Spanish](#))
- X-Ray Machine Safety Fact Sheet ([English](#))



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