

TR

### VOCATIONAL REHABILITATION ENVIRONMENTAL INSPECTION

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

Time: \_\_\_\_\_

Inspector: \_\_\_\_\_

Location: \_\_\_\_\_

**Instructions:**

Vocational Rehabilitation staff will conduct monthly inspections of all Patient Care areas in vocational rehabilitation therapy. The inspection will be documented using this form. All corrective actions will be noted in the space provided. Please send a copy of this report to the Safety Office (OSH).

	Yes	No	N/A
1. Corridors are free from clutter, equipment and materials.	_____	_____	_____
2. Restrooms clean.	_____	_____	_____
3. All chemicals in appropriate containers and labeled.	_____	_____	_____
4. No storage within 18" of sprinkler head.	_____	_____	_____
5. Area is free of trip/slip hazards.	_____	_____	_____
6. All doors and exits are unobstructed.	_____	_____	_____
7. No door wedges or other devices, holding open fire doors.	_____	_____	_____
8. Door hardware (latches) work properly.	_____	_____	_____
9. Lighted exit signs are operational.	_____	_____	_____
10. No permanent extension cords in area.	_____	_____	_____
11. Electrical panels are unobstructed.	_____	_____	_____
12. No loose or damaged floor tile or carpeting.	_____	_____	_____
13. No loose, damaged or missing ceiling tile.	_____	_____	_____
14. Fire alarm pull stations and extinguishers are accessible.	_____	_____	_____
15. Flammable liquids stored in approved containers in storage cabinet.	_____	_____	_____
16. Guards for equipment available and in place.	_____	_____	_____
17. Material Safety Data Sheets are available.	_____	_____	_____
18. Other.	_____	_____	_____

**Corrective Actions**

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**Additional Comments**

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**Signature**

Inspector: \_\_\_\_\_

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