

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - HUMAN RESOURCES  
ADMINISTRATIVE DIRECTIVE NO. 982  
(Replaces AD 982 dated 1/19/06)

Effective Date: December 7, 2006

## SUBJECT: HOSPITAL ENVIRONMENTAL INSPECTION TEAM

### I. PURPOSE

The Hospital Environmental Inspection Team (HEIT) serves as a proactive component for enhancing the Safety Surveillance Program at Coalinga State Hospital (CSH). This is accomplished through regularly scheduled facility inspections.

The HEIT assesses the environment for potential risk factors that may pose harm or liability to Individuals, employees, visitors, and the hospital. Inspections include, but are not limited to, patient residential and treatment areas, the visiting center, dining halls and the equipment designated to each of these locations. It is the responsibility of all employees at CSH to ensure the hospital maintains a safe and effective working environment.

### II. AUTHORITY

California Code of Regulations (CCR), Section 6400; Title 8, Section 3203 (Injury and Illness Prevention Program (IIPP)); Title 22, Division 5, Chapters 2&4; Department of Justice Recovery Model.

### III. POLICY

CSH shall maintain a proactive Environmental Safety Surveillance Program. Environmental inspections shall be conducted in pre-designated patient care areas weekly. Additionally, environmental inspection rounds, outside of patient care areas, shall be conducted bi-annually.

### IV. METHOD

#### A. Hospital Environmental Inspection Team

The HEIT shall conduct hazard surveillance activities of all hospital areas, provide on-going consultation, and assist staff as requested or required. Team members who are unavailable on the day of the inspection shall arrange for an alternate to take their place.

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1. The HEIT shall include:
    - a. Clinical Services Representative
    - b. Fire Chief
    - c. Health and Safety Officer
    - d. Hospital Police Services Representative
    - e. Housekeeping Representative
    - f. Plant Operations Representative
    - g. Public Health Nurse
    - h. Standards Compliance Representative
    - i. Guests
  2. The HEIT shall visit specified areas determined by the Health and Safety Department's Master Environmental Inspection Schedule, the environmental survey, injury reports, Quality Assurance Committee issues, and/or other data made available to the team. The HEIT shall use the Environment of Care Inspection Checklist (Attachment) to document all inspections. Contact the Health and Safety Officer to view the Master Environmental Inspection Schedule or Inspection Checklist.
  3. At the conclusion of the inspection, the HEIT shall provide the area manager/supervisor with a verbal debriefing of findings so immediate issues and/or concerns may be addressed. A written report of the findings will be provided to area managers/supervisors for corrective action. The Health and Safety Committee will also be provided with a copy of the report for review.
  4. The Program Director/Department Manager shall be responsible for ensuring that all identified risks in their area are corrected in a timely manner. A Plan of Correction (POC) will be initiated by the Program Director/Department Manager for all deficiencies noted. If a work order is required, the Program Director/Department Manager will verify the status and notify the Health and Safety Officer upon completion. The Health and Safety Unit will conduct on-site audits to verify completion.
- B. Environmental Safety Surveillance Program
1. The surveillance shall include a HEIT and safety representatives from each program/department:

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a. Supervisors/Employees

All employees are responsible to correct or report unsafe conditions to the appropriate supervisory personnel. Supervisors shall report unsafe conditions, which cannot be corrected immediately, to the appropriate department/program. If the unsafe condition is not corrected in a reasonable amount of time, the Health and Safety Unit should be notified.

b. Safety Representatives

Safety Representatives or assigned personnel shall conduct monthly inspections of the work area in their department/program. The representatives shall report immediately to supervisory and/or management any unsafe condition(s) or practices seen during inspection or at any other time.

## V. DATA COLLECTION PROGRAM

After each inspection, the Health and Safety Unit will review collected data and distribute copies of findings with noted deficiencies to team members for follow-up on POCs with area manager/supervisor. When POCs are completed, team members will notify the Health and Safety Unit. The Risk Manager will serve as a consultant to the HEIT and will assist the Health and Safety Unit compile and analyze collected data to generate reports pertaining to the environmental status of the hospital.

## VI. REPORTING

The Standards Compliance Department and the Health and Safety Unit shall produce and distribute a bi-annual report on the inspection findings to the Manager's Meeting and the Governing Body. Additionally, the Health and Safety Committee Chair will be responsible for tracking all Plans of Correction and their associated time frames to ensure that each are completed in a timely manner. All Plans of Correction shall be submitted to the Health and Safety Unit upon completion.

## VII. INSPECTIONS

The schedule shall be published annually by the Health and Safety Department. A copy of the schedule will be distributed to all department heads no later than December 31<sup>st</sup> each year.



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W. T. VOSS  
Executive Director

Attachment - Environment of Care Inspection Checklist

## *Department of Mental Health*

### **Environment of Care Inspection Checklist**

**Facility: Coalinga State Hospital**

#### **I. INSPECTION PROCESS:**

- A. This document will be used to inspect all areas of the Hospital at least twice a year
  1. At least one program / department will be completed monthly
  2. The Health & Safety Inspection Team will adhere to the procedures outlined in Hospital Administrative Directive # 982
  3. The completed report will be routed as follows:
    - a. Supervisor of the area inspected
    - b. Health & Safety Officer
    - c. Hospital Administrator – All Hospital Departments
    - d. Clinical Administrator – All Hospital Programs
    - e. Standard Compliance by the 15th of the following month
    - f. Safety Committee
  4. The Supervisor of the area inspected, shall be responsible for working with the appropriate department(s), discipline(s), committee(s) to correct any deficiencies identified
  5. Deficiency correction is to be documented on this report and returned to the Health & Safety office when all deficiencies have been corrected, but no later than 30 days following the inspection

PROGRAM / DEPARTMENT: \_\_\_\_\_ UNIT \_\_\_\_\_ DATE: \_\_\_\_\_

Yes = Compliance - No = Non Compliance NA = Non Applicable (if no, complete the other 3 columns)								
Standard	Y	N	NA	Location of Deficiency	Work Order		Date of Work Order	Date of Correction
	E	O			Y	N		
S								
<b>1. FIRE PREVENTION / FIRE SAFETY:</b>								
a) Fire / smoke doors are:								
• closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
• free of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
b) Automatic door closures are present and operative								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
c) Egress areas are clear of obstruction								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
d) Emergency exits are:								
• marked and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
• illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
e) Smoke detectors & sprinkler heads are free of dust								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
f) Fire extinguishers are:								
• unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
• check monthly and are current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
g) Stairwells are unobstructed								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
h) Storage items are 18" from sprinkler heads								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
i) Evacuation maps are posted & current								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
j) Area is free of broken items								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
k) Area is free from accumulation of trash								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
l) The ceiling, walls and doors are free from damage								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
m) Fire alert system is in good working order								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
n) Fire drills are current								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
o) All doors are marked with fire ratings								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
p) Cooking exhaust filters / hoods are:								
• free of grease buildup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
• extinguishing equipment is operational w / current cert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
q) Sprinkler system is unobstructed								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Concerns/Commendations:</b>								

Yes = Compliance - No = Non Compliance NA = Non Applicable (If no, complete the other 3 columns)									
Standard	Y E S	N O	N A	Location of Deficiency	Work Order		Date of Work Order	Date of Correction	
					Y	N			
<b>2. GENERAL SAFETY / SANITATION:</b>									
a) Area specific Safety Management Plan (IIPP) is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Individual care areas are free from plastic trash bags – units, clinics, malls, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Flooring is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Trashcans are free from odor & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) The floor around the water fountain is water free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Ceilings & wall vents are free of dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Windows, screens & base of the windows are free of dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Bedrooms & bathrooms are free of urine odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Utility / janitor's closets and sinks are clean and free of odor and dirty mops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) Hallway railings are free of dust particles and chipped paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
k) Handrails are secured and tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
l) Faucets are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
m) Toilets are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
n) Washer, dryer hoses are in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
o) Dryer vents and screens are free of lint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
p) Tubs, showers and floors have slip resistant flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
q) Walls are free from blistering paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
r) Items are stored according to Title 8 - 6982	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
s) Materials are labeled and stored in an orderly manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
t) Bathrooms are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
u) Water temperature log for sinks and showers / tubs are present and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
v) Refrigerators are clean & 3 months of temperature log available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
w) Cabinets and shelves over 5 feet tall are secured to the wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
x) Items on shelves over 5 feet are secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
y) Personal alarm system is available and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
z) Employees carry Personal Alarms while in individual care areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
aa) All rooms identified by name / room #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
bb) Staff are aware of reporting and documentation procedures when safety hazards are noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
cc) Postings in all program areas; a statement of individual rights, information on how to pursue those rights and how to report violations of such rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
dd) Is there documentation available to confirm that daily monitoring of personal living space is being conducted by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

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	E	O			Y	N		
ee) Are the monthly unit environmental rounds being performed and documented by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
ff) Is there documentation to support the timely processing of mail on the unit								
gg) Are personal care items / supplies monitored daily by unit staff								
Concerns/Commendations:								

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Standard	Y E S	N O	N A	Location of Deficiency	Work Order		Date of Work Order	Date of Correction	
					Y	N			
<b>3. MEDICATION / TREATMENT ROOM</b>									
a) Privacy screens are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Drawers and cabinets are clean, labeled and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Cabinets where drugs are stored are locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Medication keys are in proper custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Med. Cart, including drawers, are clean, orderly and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Stocked medication is maintained in an orderly manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Medications and sterilized items are within expiration dates and supplies are the appropriate amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Internal / external medications are stored separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Multi-dose vials (not boxes) are dated when opened and kept no longer than _____ days – verified by ensuring Pharmacy Staff Med. Room Inspection is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) Medication refrigerator temperature log is current and meets 36-46F requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
k) Only medications are stored in the medication refrigerator – juices, Ensure and other like prescribed items are acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
l) PDR, Pharmacy policy, Procedures Manual and Formulary are current and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
m) Emergency drug box is current and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
n) Oxygen tank with mask and tubing attached are available and checked according to policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b> _____									





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Standard	Y	N	NA	Location of Deficiency	Work Order		Date of Work Order	Date of Correction
	E	O	A		Y	N		
S								
<b>5. HAZARDOUS MATERIALS &amp; WASTE:</b>								
a) Flammable objects/hazardous substances are stored according to reactivity data and at or below eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
b) Hazardous substances are properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
c) MSDS Manual updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
d) MSDS binders are indexed, tabbed, and inventoried								
e) Staff know the location of the MSDS binder								
f) Staff are aware of what hazardous substances they work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
g) There is a MSDS sheet for each hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
h) Staff are aware of procedures for a mercury spill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
i) Staff are aware of procedural steps to take in the event of a chemical spill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
j) Emergency criteria (product name, phone #, 1st aid, & PPE) are highlighted on each MSDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
k) Staff is aware of what PPE to use regarding each product, and where they are located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Concerns/Commendations:</b> _____								



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Standard	Y E S	N O	N A	Location of Deficiency	Work Order		Date of Work Order	Date of Correction	
					Y	N			
<b>7. UTILITY SYSTEMS:</b>									
a) Corrective maintenance work orders are recorded & monitored to ensure reasonable repair time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
b) Staff is aware of emergency response procedures in the event of a power outage, steam shutdown, A/C failures, water restriction, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
c) Utility Management Plan is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
d) Stairwells are properly lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
e) The area is free from exposed wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
f) Electrical cords are arranged to prevent tripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
g) Light fixtures are secured, and have covers / guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
h) Emergency lights are operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
i) Light bulbs are in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
j) Emergency outlets are identified (wired to emergency generators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
k) Area is free from broken / missing light fixtures or outlet covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
l) There is adequate heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
m) There is adequate air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
n) Water temperatures are within 105-120 degrees for care areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
o) Water temperatures are within appropriate range for staff areas and warning sign posted if above 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
p) Emergency generator(s) are tested weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
q) Tests are conducted for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating of the generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
r) Access to all electrical panels is unobstructed and has 36" of clear space in front of panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
s) Electrical panel(s) are labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Concerns/Commendations:</b> _____									





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Standard	Y	N	NA	Location of Deficiency	Work Order		Date of Work Order	Date of Correction	
	E	O	A		Y	N			
<b>10. SUICIDE &amp; RISK / PREVENTION:</b>									
a) Area is free from conduit or protruding electrical outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Area is free from devices that could be used for hanging (e.g. door closure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Bubble mirrors are clean with clear visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Rods, doorknobs and screws on wardrobe are secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) There are no sharp edges on furniture, window sills or walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) S / R rooms are cleaned after each use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Windows in S / R doors are clean with an obstructed view of the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Individual bed areas and/or bathrooms, are free of contraband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Base of vents, in bedrooms and bathrooms are sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) Restraints are clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
k) Window bars are covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
l) ADA rails are free from gaps between the rail and wall in bathrooms and showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
m) Bathroom fixtures and stalls are designed for suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
n) Smoke detectors are covered as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
o) Shower hooks are "break-away" style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
p) Water handles are designed to reduce risk to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
q) All breakable glass in individual areas are covered with a protective covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
r) Shower heads are surface mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
s) Beds are in good repair and free from objects that could be used in a harmful manner (i.e. springs / bars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
t) "Cut Down" instrument available for suicide attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
u) All curtain rods are "break-away" style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
v) Electrical cords are maintained in a manner to limit access by individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
w) Fire sprinklers are surface mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
x) Audio visual monitors are operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
y) Light fixtures pose no hanging risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b> _____									

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Standard	Y	N	NA	Location of Deficiency	Work Order		Date of Work Order	Date of Correction	
	E	O	A		Y	N			
<b>11. INFECTION CONTROL / PUBLIC HEALTH:</b>									
a) Infection Control manual in place and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Bio-hazardous waste is properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Personal protective equipment is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Soiled linen room is clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Clean linen room is clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Grooming cart is clean and all items are labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Sharps container is in good condition and is not more than ¾ filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Soap dispenser / hand sanitizer units are full and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Paper-towel and toilet paper dispensers are full and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) All refrigerators have thermometers and temperature logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
k) Spill / clean up kits are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
l) Isolation room is working properly – (negative pressure) and is checked according to appropriate reg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
m) Ice chests / igloos are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
n) Ice scoop stored in proper container, sanitized, and sanitizing schedule is posted and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
o) Red bags are secured and used for medical / biohazardous waste only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
p) Needles & other sharps are discarded in designated containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
q) Disposable gowns and gloves are available on the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
r) Staff are aware of how to dispose of our medical waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b> _____									



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					Y	N			
<b>12. GROUNDS:</b>									
a) Sidewalks are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Parking lot pavement is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Bushes, trees, flowers, and grass are trimmed and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Fences and walls are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Areas along security fence are free from trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Weeds are under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) All signage is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Patios are clean and attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Roads, fences and sidewalks are trash free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b>									

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					Y	N			
<b>13. DIETETIC SERVICES: SATELLITIES</b>									
<b>Personnel</b>									
a) Staff have a neat appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Uniform / clothing is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Hair neat and under net / cap are worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Infections and illnesses reported to supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Utensils &amp; Food Handling</b>									
a) Proper food handling, use of equipment and wearing gloves is practiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Staff grasp utensils by handles, (spoons, tongs, spatula, forks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Staff pick up and handle glasses by the base, cups by the handles, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Refrigerator Outside</b>									
a) Outside is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Top free of dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Door gaskets free of dirt & mold: in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Outside motor/ air vent free of dust: in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Refrigerator Inside</b>									
a) Inside walls & floors clean, shelves clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Motor clean and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Calibrated thermometer is present, and temperature is within normal range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Temperature readings are taken and recorded according to policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Drain is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Refrigerated Foods</b>									
a) Foods are stored in suitable containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Foods are covered, labeled and dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) All foods are dated on delivery and properly rotated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Dry Goods Storage</b>									
a) All dry foods are dated on delivery and FIFO rotation is practiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Shelves are clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Walls are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Floors are clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) All items are stored on shelves, 12 inches above the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Fire Extinguishers inspected, dated and initialed monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b>									

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Standard	Y	N	NA	Y		N			
	E	O	A						
S									
<b>Janitorial/Utility Closets, Cleaning Items</b>									
a) All chemicals are properly covered, labeled, and stored separate from all foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) All transport equipment is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Floors clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Sink is clean and leak free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Brooms are clean, lint free and stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Mop buckets are clean, emptied and rinsed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Walls and shelves are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Items are organized and stored on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Dining Rooms</b>									
a) Table tops, sides and base clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Chair seats, backs and legs clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Walls clean and free of food, finger and foot marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Ceilings clean and free of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Fans clean and free of lint and long cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Windows including window sills and ledges are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Floors clean and free of spills and other debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Ambu / restraint boxes are clean, dust free and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Fire extinguishers inspected, dated and initialed monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) Environment is "home like"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Fly Fans</b>									
a) Fly fan(s) are operating and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Bug light is clean and free of insects / dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Plumbing</b>									
a) Plumbing in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) The floor drain is clean and covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Heating / Cooling System</b>									
a) HVAC system is working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Vents are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Ice Machine</b>									
a) Is clean, working properly and draining according to specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Ice scoop is stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Concerns/Commendations:</b>									

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<b>Center Area – Grill Area</b>									
a) Grill and grill screen / filter are free of excess grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Grill area is clean, grease / crumb free, and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Shelves clean, organized and free of personal items/papers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d. Counter tops, fronts and legs are clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Can opener clean and sharp; base clean and free of grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Sinks and drains are clean, free of debris and in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Trash container is clean and covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Fan(s) and ceiling near the fan is clean of grease / lint free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) The floor is clean and free of litter, and the drain is clean and draining properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
j) Transits (food carts) clean, free of dust, wheels clean and rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
k) Utility carts clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
l) Back bar clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
m) Hand sink clean, faucet in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
n) Soap and paper towel dispensers are filled, and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Serving Counters</b>									
a) Shelves used for storing dishes and utensils are clean, neat and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Counter fronts and legs cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Counter top and drain area clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Sneeze bar is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Sink is clean, free of grease and food particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Dishmachine(s)</b>									
a) Dishmachine is clean inside and free of mineral deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Catch pans, clean and properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Pipes are clean properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Dish machine operating at correct temperature and PSI range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Dish machine temperature log sheets posted and recorded correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>General Environment</b>									
a) Fans are clean and free of lint and grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Floors are clean and litter free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Floor drains are clean, litter free, and are draining properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Trash cans are clean and covered when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Stationary Hot Cart</b>									
a) Cart are clean and free of crumbs and burned spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

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b) Cart wheels are clean and free rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) All cart wells are functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Electrical plug and receptacle are free of grease and crumbs and in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Holding Hot Carts</b>									
a) Cart clean and free of crumbs and burned spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Cart wheels clean and free rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Cart temperature functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Catch pan clean and properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Pan filled with water when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>MAIN KITCHEN</b>									
<b>Main Storeroom</b>									
a) Store area is clean at all times, free from litter and spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Trash cans are emptied daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Floors are swept, mopped and maintained according to policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Desks are kept tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Foods are kept 12 inches away from walls and 12 inches above the floor on pallets where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cal Code – 6 inches from the floor, but no standard from the wall	<input type="checkbox"/>	<input type="checkbox"/>			
f) FIFO rotation is practiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Absence of storage of pesticides, other toxic substances and drugs and cleaning solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) All transport equipment (e.g. carts) are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
i) Lockout / tagout procedures are in place for maintenance of all energized equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Refrigerator(s)</b>									
a) Thermometers are reliable: refrigerator and temps are maintained at 40 deg. F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Door gaskets are dirt / mold free and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Motor clean and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Foods are stored in suitable containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Foods dated on delivery, expiration date noted and properly rotated using the FIFO method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Refrigerators are not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Where applicable, raw foods are stored below ready-to-serve foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Specific refrigerator temperatures:									
1. Meat and Poultry: 32 to 38 F; 75 to 85%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
2. Fish: 30 to 34 F; 75 to 85%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
3. Eggs: 36 to 38 F; 75 to 85%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
4. Most Fruits and Vegetables: 40 to 45F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

Yes = Compliance -		No = Non Compliance NA = Non Applicable (If no, complete the other 3 columns)			Location of Deficiency	Work Order		Date of Work Order	Date of Correction
Standard	Y E S	N O	N A	Y		N			
							<b>Freezer(s)</b>		
a) Thermometers are calibrated: temperature is maintained at 0 deg. F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Door gaskets free of dirt and mold; in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Motor clean and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Foods are stored in suitable containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Foods dated on delivery, expiration date noted and properly rotated using the FIFO method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) If frozen-food products are removed from original cartons, they are repackaged in air-tight containers when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Release mechanism inside freezer door is operational to prevent staff from being locked in freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Dry Goods Storage</b>									
a) Shelves are clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) FIFO rotation is practiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Walls are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Floors are clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) All items stored on shelves, 12 inches away from the wall and 12 inches above the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) There is no storage of pesticides, other toxic substances and drugs, and cleaning solutions mixed with food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) All transport equipment (e.g. carts) are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Janitorial Closets</b>									
a) Detergents and other chemicals are stored properly, covered and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) Shelf items are organized and neatly arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) All items are stored on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
d) Walls and shelves are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
e) Floors are clean and free of litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
f) Brooms are stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
g) Push brooms are clean and free of accumulated lint or dirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
h) Mop buckets emptied and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Security of Stored Items</b>									
a) Only the director, 3 storeroom personnel, supervising cook II, and the assistant director have the key to the storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
b) The cage is to remain locked at all times except when someone loading, unloading or doing inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
c) Equipment by the baker's room is locked at all time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

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Standard	Y E S	N O	N A	Location of Deficiency	Work Order		Date of Work Order	Date of Correction
					Y	N		
d) Spice room is locked at all time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
e) The last person who leaves the storeroom at the end of the day is responsible to lock the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
f) Contraband / controlled items are monitored and logged per policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
g) Security walk-thrus are ongoing and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Concerns/Commendations:</b>								

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

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

Inspection Team Members Present:	Name:	Title:
Hospital Police:		
Fire Chief:		
Housekeeping:		
Plant Operations:		
Public Health:		
Health & safety:		
Standards Compliance:		
Clinical/Nursing:		
Dietetic Services:		
Guest:		
Guest:		