



KAISER PERMANENTE

**DEPARTMENT / MOB
ANNUAL REVIEW CHECKLIST**

| | | | |
|--------------------|--------------------|-------------------------|------------------------------|
| NAME (LAST) | (FIRST) | DEPARTMENT / MOB | CLASSIFICATION STATUS |
| HIRE DATE | REVIEW DATE | | |

| | |
|---|---|
| <p align="center">WORK PRACTICES</p> <p>OSHA Guidelines Employee Injury Reporting Unusual Occurrence Report Standardized Codes Emergency Contact #'s Fire Drills Chemical Spill Drills Evacuation Drills Department Specifics:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p align="center">DEPARTMENT RESOURCES</p> <p>Safety Manual Department Emergency Plan EOP/Disaster Manual Infection Control Manual Hazardous Material Manual/SDS Hazard Communication/Chemical Spills Hazardous Waste/Disposal GHS Classification and Labeling of Chemicals Fire Plan SDMA (safe Medical Device Act) Bloodborne Pathogens - ATD Exposure Control Plan Quality Improvement/Risk Management</p> <p align="center">DEPARTMENT TOUR</p> <p>Crash Cart Fire Alarm/Extinguisher Emergency Exits Gas Shut-off Valve(s) Disaster Supplies Evacuation Equipment Chemical Spill Kits Respiratory Equipment (Masks/PAPRs) Clean Utility Room Soiled Utility Room Department Manager's Office American with Disabilities Act (ADA) Auxillary Aids Location</p> |
|---|---|

All Department Administrators are responsible for the safety of their employees and for providing a safe, hazard-free environment in their areas of responsibilities. We have a legal and moral obligation to protect our patients, visitors, and staff, and through good safety practices we can reduce costs arising from injuries/illnesses, property damage, and legal liability. These principles imply that all departments must be able to demonstrate the generic policies in the Service Area Safety Manual. Basic required safety education in-service programs must be conducted for all employees on at least an annual basis. The annual general safety training must be augmented with department specific training on department specific hazards, and that training documented. All training documents will be kept on file in the department. I agree that it is my obligation to review these documents and seek assistance if I do not understand their contents. By accepting these documents, signing this form, I expressly agree to be bound by the contents of these documents and condition of any policies contained therein.

| | |
|-------------------------------------|-------------|
| EMPLOYEE SIGNATURE | DATE |
| MANAGER SIGNATURE / DESIGNEE | DATE |