

TRAINING UPDATE

Lab Location:	GEC, SGMC & WAH	Date Distributed:	11/24/2015
Department:	All	Due Date:	12/29/2015
		Implementation:	12/30/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Monthly Safety Audit GEC/ SGAH/ WAH.SA06 v1
Safety Audit Form AG.F83.4
Description of change(s):
<p>SOP</p> <p>Section 1 & 2: remove Nichols Institute Chantilly</p> <p>Section 3: update job titles, add employees</p> <p>Section 5: add electronic filing, change due date, replace safety meeting with LPIC</p> <p>Section 6: move form from section 9</p> <p>FORMS</p> <p>Add check for safety cabinet inventory</p> <p>Add check for open product labeling in one storage area</p> <p>Add eyewash demonstration by staff</p> <p>Delete safety shower from SG</p> <p>The revised SOP and FORMS will be implemented on December 30, 2015</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 1)

Non-Technical SOP

Title	Monthly Safety Audit	
Prepared by	Bryan Mason	Date: 1/21/2011
Owner	Lori Loffredo	Date: 1/21/2011

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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1. PURPOSE

This SOP outlines the monthly audit used at the laboratories of Quest Diagnostics ~~Nichols Institute Chantilly,~~ at Germantown Emergency Center, Shady Grove ~~Medical Center Adventist~~ and Washington Adventist Hospital.

2. SCOPE

This SOP applies to all laboratory employees.

~~The requirements of this SOP are applicable to all employees and all job functions within the laboratories of Quest Diagnostics Nichols Institute Chantilly, at Germantown Emergency Center, Shady Grove Adventist and Washington Adventist Hospitals.~~

3. RESPONSIBILITY

~~The Manager, EHS is responsible for implementing this SOP.
The Operational Director is responsible for compliance to this SOP.~~

Laboratory management is responsible for ensuring compliance with this SOP.

Employees are responsible for performing this SOP as assigned.

The Regional Laboratory Director is responsible for review and revision of this SOP as needed.

4. DEFINITIONS

None

5. PROCEDURE

Step	Action
1	Obtain a monthly safety audit check list (See Related Documents Attachment A)
2	Complete the check list

Form revised 3/31/00

3	<p>Return the checksheet to Kathy Gordon, Facilities, Chantilly Place the check list on the shared drive under the appropriate year at the file path G\AHC_Lab\Quality Assurance\Reports\Safety\ Alternatively the checklist may be emailed to a QA specialist for electronic filing.</p>
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If...	Then
There is an unsafe situation existing at the worksite.	Document the unsafe situation on the check sheet; Immediately correct the situation if possible or bring the situation to the immediate attention of the section Manager or Supervisor. Document the corrective action or notification on the checklist.

- a. The completed monthly audit checklists are due **by the end of the month to Facilities in Chantilly by the 5th working day after the end of the month.**
- b. Eyewashes must be checked on a weekly basis, and documented as such on the checklist.
- c. The **QA specialist or designee Manager, EHS** will review the checklist prior to the scheduled **safety Laboratory Performance Improvement Committee (LPIC) meeting and prepare a summary. Audit findings are included on the annual Quality Management (QM) summary.**
- d. Any outstanding issues will be brought to the Operational Director for remedy.

6. RELATED DOCUMENTS
 Safety Audit Form (AG.F83)

7. REFERENCES
 None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes Monthly Safety Audit, dated 2/9/2004		
000	11/2/2015	Section 1 & 2: remove Nichols Institute Chantilly Section 3: update job titles, add employees Section 5: add electronic filing, change due date, replace safety meeting with LPIC Section 6: move form from section 9 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	L Loffredo

9. ADDENDA AND APPENDICES
~~Attachment A—Safety Audit Form (see Attachment tab of Infocard)~~

Monthly Department Audit Form

Inspector _____

Date of inspection: _____

Department name/number: **6713850**

Audit for (Month/Year) _____

Number	Question	Yes	No	N/A	Comment
1.0	HOUSEKEEPING				
1.1	Are the area floors free of oil, liquids or other materials that would produce a slipping hazard?				
1.2	Are all materials stored to prevent damage and to prevent breakage?				
1.3	Are exit isles and walkways clear of obstructions?				
1.4	Are all unneeded materials and equipment removed from the work areas (i.e. clutter reduction)?				
1.5	Are any supplies or equipment sitting on the floor?				
1.6	Are any stored materials within or less than 18 inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.1	and work surfaces been performed as required? (Work surface must be decontaminated at the end of the workshift)				
2.2	Are all biosafety cabinets-functioning properly (including the alarm)?				Micro only
2.3	Have all biosafety cabinets been certified as required?				
2.4	Are all electrical cords on equipment unfrayed, and properly secured to an outlet?				
2.5	Are any electrical cords placed through a wet environment, or over a hot surface?				
2.6	Are any pieces of permanent equipment being powered through an extension cord?				
2.7	Are any outlets overloaded?				
3.0	HAZARDOUS SUBSTANCES	Yes	No	N/A	Comments
3.1	Do all containers of chemicals have legible, clear, labeling on the container as follows:				
	Name of the chemical				
	Hazard warning				
	Date of preparation				
	Date of expiration				
	Target organ affected (if any)				
	First aid statement				
3.2	Are all hazardous materials stored correctly in the correct orientation?				
3.3	Is safety cabinet inventory posted?				
3.4	Are MSDSs available for all chemicals in your worksite?				
3.5	Have all personnel handling chemicals in your worksite reviewed the MSDS for the chemicals they work with?				

4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A	Comments	
4.1	Audit minimum of one storage area, refrigerated or frozen Location: _____					
4.2	Are all products labeled with open & expiration dates?					
5.0	PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A	Comments	
5.1	Is PPE as follows available for employee use in the appropriate sizes and type in your work site?					
	Gloves					
	Labcoats					
	Face/Eye protection					
5.2	Is the non-disposable PPE in good working condition?					
5.3	Are employees using the PPE as required?					
6.0	WORK SITE	Yes	No	N/A	Comments	
6.1	Are fire extinguishers available, charged and inspected?					
6.2	Are all fire exits clearly marked and unobstructed?					
6.3	Is the first aid kit stocked with the required materials?					
6.4	Are all safety showers clearly marked and unobstructed?					
6.5	Are all of the eyewashes clearly marked and unobstructed?					
6.6	Does the area seem to be properly ventilated?					
6.7	Are the following procedures and information posted in the work area:					
	Post exposure protocol					
	Chemical exposure protocol					
	Chemical spill protocol					
	Emergency numbers					
6.8	Is the Safety Manual available and do employees know the location of the manual?					
6.9	Are MSDS for all chemicals used in the area available for employees, and do the employees know the location of the MSDSs?					
7.0	WASTE	Yes	No	N/A	Comments	
7.1	Is waste in the laboratory/phlebotomy areas placed in the proper receptacle?					
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Date	Problem
	ID/Location: _____					
	ID/Location: _____					
	ID/Location: _____					
	ID/Location: _____					
9.0	Check under sink	Yes	No	N/A	Comments	
9.1	Paper towels stored under sink					
9.2	Reagents stored under sink					
9.3	Soap & hand lotion stored under sink					
10.0	Biohazard Waste	Yes	No	N/A	Comments	
10.1	Boxes filled 3/4 full					
10.2	All boxes are covered					
10.3	All lids are clean and well maintained					
10.4	Waste is being removed daily					

11.0	Staff Quiz: Ask several staff members about	Name	Name	Name	Comments
11.1	Under sink storage				
11.2	RACE				
11.3	PASS				
11.4	To locate nearest fire pull box				
11.5	To locate nearest fire extinguisher				
11.6	To demonstrate use of the nearest eyewash				
11.7	To locate the nearest shower				
11.8	To locate the spill kit				
12.0	PPE	Yes	No	Comments	
12.1	In use chemistry				
12.2	In use hematology				
12.3	In use coagulation				
12.4	In use urinalysis				
12.5	In use microbiology				
12.6	In use blood bank				
12.7	In use specimen processing				
12.8	In use front desk				
12.9	In use phlebotomy				

Monthly Department Audit Form

Inspector _____

Date of inspection: _____

 Department name/number: **6713825**

Audit for (Month/Year) _____

Number	Question	Yes	No	N/A	Comment
1.0	HOUSEKEEPING				
1.1	Are the area floors free of oil, liquids or other materials that would produce a slipping hazard?				
1.2	Are all materials stored to prevent damage and to prevent breakage?				
1.3	Are exit isles and walkways clear of obstructions?				
1.4	Are all unneeded materials and equipment removed from the work areas (i.e. clutter reduction)?				
1.5	Are any supplies or equipment sitting on the floor?				
1.6	Are any stored materials within or less than 18 inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.1	and work surfaces been performed as required? (Work surface must be decontaminated at the end of the workshift)				
2.2	Are all biosafety cabinets- functioning properly (including the alarm)?				Micro only
2.3	Have all biosafety cabinets been certified as required?				
2.4	Are all gas cylinders secured to a permanent secure surface?				
2.5	Are all electrical cords on equipment unfrayed, and properly secured to an outlet?				
2.6	Are any electrical cords placed through a wet environment, or over a hot surface?				
2.7	Are any pieces of permanent equipment being powered though an extension cord?				
2.8	Are any outlets overloaded?				
3.0	HAZARDOUS SUBSTANCES	Yes	No	N/A	Comments
3.1	Do all containers of chemicals have legible, clear, labeling on the container as follows:				
	Name of the chemical				
	Hazard warning				
	Date of preparation				
	Date of expiration				
	Target organ affected (if any)				
	First aid statement				
3.2	Are all hazardous materials stored correctly in the correct orientation?				
3.3	Is safety cabinet inventory posted?				
3.4	Are MSDSs available for all chemicals in your worksite?				
3.5	Have all personnel handling chemicals in your worksite reviewed the MSDS for the chemicals they work with?				

4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A	Comments	
4.1	Audit minimum of one storage area, refrigeration or freezer Location: _____					
4.2	Are all products labeled with open & expiration dates?					
5.0	PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A	Comments	
5.1	Is PPE as follows available for employee use in the appropriate sizes and type in your work site?					
	Gloves					
	Labcoats					
	Face/Eye protection					
5.2	Is the non-disposable PPE in good working condition?					
5.3	Are employees using the PPE as required?					
6.0	WORK SITE	Yes	No	N/A	Comments	
6.1	Are fire extinguishers available, charged and inspected?					
6.2	Are all fire exits clearly marked and unobstructed?					
6.3	Is the first aid kit stocked with the required materials?					
6.4	Are all safety showers clearly marked and unobstructed?					
6.5	Are all of the eyewashes clearly marked and unobstructed?					
6.6	Does the area seem to be properly ventilated?					
6.7	Are the following procedures and information posted in the work area:					
	Post exposure protocol					
	Chemical exposure protocol					
	Chemical spill protocol					
	Emergency numbers					
6.8	Is the Safety Manual available and do employees know the location of the manual?					
6.9	Are MSDS for all chemicals used in the area available for employees, and do the employees know the location of the MSDSs?					
7.0	WASTE	Yes	No	N/A	Comments	
7.1	Is waste in the laboratory/phlebotomy areas placed in the proper receptacle?	x				
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Date	Problem
	ID/Location: Core Lab					
	ID/Location: Phlebotomy					
	ID/Location: _____					
	ID/Location: _____					
9.0	Check under sink	Yes	No	N/A	Comments	
9.1	Paper towels stored under sink					
9.2	Reagents stored under sink					
9.3	Soap & hand lotion stored under sink					
10.0	Biohazard Waste	Yes	No	N/A	Comments	
10.1	Boxes filled 3/4 full					
10.2	All boxes are covered					
10.3	All lids are clean and well maintained					
10.4	Waste is being removed daily					

11.0	Staff Quiz: Ask several staff members about	Name	Name	Name	Comments
11.1	Under sink storage				
11.2	RACE				
11.3	PASS				
11.4	To locate nearest fire pull box				
11.5	To locate nearest fire extinguisher				
11.6	To demonstrate use of the nearest eyewash				
11.7	To locate the nearest shower				
11.8	To locate the spill kit				
12.0	PPE	Yes	No	Comments	
12.1	In use chemistry				
12.2	In use hematology				
12.3	In use coagulation				
12.4	In use urinalysis				
12.5	In use microbiology				
12.6	In use blood bank				
12.7	In use specimen processing				
12.8	In use front desk				
12.9	In use phlebotomy				

AG.F83.4

Rev 1.1.16

Monthly Department Audit Form

Inspector _____

Date of inspection: _____

Department name/number: **6713860**

Audit for (Month/Year) _____

Number	Question	Yes	No	N/A	Comment
1.0	HOUSEKEEPING				
1.1	Are the area floors free of oil, liquids or other materials that would produce a slipping hazard?				
1.2	Are all materials stored to prevent damage and to prevent breakage?				
1.3	Are exit isles and walkways clear of obstructions?				
1.4	Are all unneeded materials and equipment removed from the work areas (i.e. clutter reduction)?				
1.5	Are any supplies or equipment sitting on the floor?				
1.6	Are any stored materials within or less than 18 inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.1	Has all scheduled decontamination of equipment and work surfaces been performed as required? (Work surface must be				
2.2	Are all biosafety cabinets functioning properly (including the alarm)?				
2.3	Have all biosafety cabinets been certified as required?				
2.4	Are all electrical cords on equipment unfrayed, and properly secured to an outlet?				
2.5	Are any electrical cords placed through a wet environment, or over a hot surface?				
2.6	Are any pieces of permanent equipment being powered through an extension cord?				
2.7	Are any outlets overloaded?				
3.0	HAZARDOUS SUBSTANCES	Yes	No	N/A	Comments
3.1	Do all containers of chemicals have legible, clear, labeling on the container as follows:				
	Name of the chemical				
	Hazard warning				
	Date of preparation				
	Date of expiration				
	Target organ affected (if any)				
	First aid statement				
3.2	Are all hazardous materials stored correctly in the correct orientation?				
3.3	Is safety cabinet inventory posted?				
3.4	Are MSDSs available for all chemicals in your worksite?				
3.5	Have all personnel handling chemicals in your worksite reviewed the MSDS for the chemicals they work with?				
4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A	Comments
4.1	Audit minimum of one storage area, refrigerated Location: _____				
4.2	Are all products labeled with open & expiration dates?				

5.0	PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A	Comments
5.1	Is PPE as follows available for employee use in the appropriate sizes and type in your work site?				
	Gloves				
	Labcoats				
	Face/Eye protection				
5.2	Is the non-disposable PPE in good working condition?				
5.3	Are employees using the PPE as required?				
6.0	WORK SITE	Yes	No	N/A	Comments
6.1	Are fire extinguishers available, charged and inspected?				
6.2	Are all fire exits clearly marked and unobstructed?				
6.3	Is the first aid kit stocked with the required materials ?				
6.4	Are all of the eyewashes clearly marked and unobstructed?				
6.5	Does the area seem to be properly ventilated?				
6.6	Are the following procedures and information posted in the work area:				
	Post exposure protocol				
	Chemical exposure protocol				
	Chemical spill protocol				
	Emergency numbers				
6.7	Is the Safety Manual available and do employees know the location of the manual?				
6.8	Are MSDS for all chemicals used in the area available for employees, and do the employees know the location of the MSDSs?				
7.0	WASTE	Yes	No	N/A	Comments
7.1	Is waste in the laboratory/phlebotomy areas placed in the proper receptacle?				
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Problem
	ID/Location: _____				
		Date	Date	Date	
9.0	Check under sink	Yes	No	N/A	Comments
9.1	Paper towels stored under sink				
9.2	Reagents stored under sink				
9.3	Soap & hand lotion stored under sink				
10.0	Biohazard Waste	Yes	No	N/A	Comments
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11.2	RACE				
11.3	PASS				
11.4	To locate nearest fire pull box				
11.5	To locate nearest fire extinguisher				
11.6	To demonstrate use of the nearest eyewash				
11.7	To locate the spill kit				
12.0	PPE	Yes	No	Comments	
12.1	In use within department				
12.2	Other:				