

## TRAINING UPDATE

**Lab Location:** GEC, SGMC & WAH  
**Department:** Mgmt & QA

**Date Distributed:** 3/7/2016  
**Due Date:** 3/23/2016  
**Implementation:** 3/23/2016

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
<b>Electrical Safety GEC/SGAH/WAH.SA10 v1</b>
<b>Description of change(s):</b>
Section 1 & 2: remove Nichols Institute Chantilly Section 3: update job titles Section 5: replace engineering depts. with hospital facility/entity/company as appropriate; delete loaner and patient care equipment, delete receptacle testing Section 6: add SOP <b>This revised SOP will be implemented on March 23, 2016</b>

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

**Approved draft for training (version 1)**

Non-Technical SOP

<b>Title</b>	<b>Electrical Safety</b>	
<b>Prepared by</b>	Bryan Mason	Date: 1/27/2011
<b>Owner</b>	Lori Loffredo	Date: 1/27/2011

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

<b>Review:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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### **1. PURPOSE**

This Standard Operating Procedure (SOP) outlines practices for electrical equipment within the laboratories of Quest Diagnostics at Germantown Emergency Center, Shady Grove Medical Center and Washington Adventist Hospital.

### **2. SCOPE**

This SOP is applicable to the laboratories of Quest Diagnostics at Germantown Emergency Center, Shady Grove Medical Center and Washington Adventist Hospital.

### **3. RESPONSIBILITY**

Department management is responsible for ensuring compliance to the requirements of this SOP.

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

### **4. DEFINITIONS**

None

### **5. PROCEDURE**

- A. All electrical appliances used must be equipped with a three pronged grounded plug or insulated plug.
- B. All emergency outlets (those which function when the main power source is interrupted) are red in color. These red outlets are used for essential equipment during a power failure.

- C. Any electrical appliance/equipment that does not function properly should be taken out of service and referred to the entity / company providing electrical checks.
- D. Extension cords may not be more than 12 feet in length and must be provided by hospital facilities / maintenance and/or engineering.
- E. Clinical electrical and electronic equipment will be inspected by the entity / company providing electrical checks on a regular schedule. Dated stickers will be placed on equipment after each inspection.
- F. The checking of current inspection stickers on Laboratory clinical equipment will be done on a regular basis by the entity / company providing electrical checks. Any equipment with an outdated sticker will be brought to the attention of entity/company providing electrical checks by Laboratory supervisor/manager/director.
- G. All small appliances utilized by staff (such as microwaves, water coolers, coffee makers, etc.) must be inspected before use and have a sticker applied by hospital facilities / maintenance and/or engineering. Refer all small appliances without a sticker to hospital facilities / maintenance and/or engineering.
- H. Personal humidifiers or heaters MAY NOT be used in any area unless they are approved by hospital facilities / maintenance and/or engineering.
- I. Monthly safety audit process includes electrical safety review.

**6. RELATED DOCUMENTS**  
 Monthly Safety Audit, QA procedure

**7. REFERENCES**  
 None

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes Electrical Safety, dated 2/9/2004		
000	2/18/2016	Section 1 & 2: remove Nichols Institute Section 3: update job titles Section 5: replace engineering depts. with hospital facility/entity/company as appropriate; delete loaner and patient care equipment, delete receptacle testing Section 6: add SOP Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett L Loffredo	L Loffredo

**9. ADDENDA AND APPENDICES**  
 None

Form revised 3/31/00