TRAINING UPDATE

Lab Location: Department: SGMC, WAH & GEC Safety audit team

Date Distributed:
Due Date:
Implementation:

3/21/2017 4/1/2017 **4/1/2017**

DESCRIPTION OF REVISION

Name of procedure:

Safety Audit Form AG.F83.5

Description of change(s):

Added the following to section 6 –

Are spill kit products/contents acceptable? Contents should be free flowing in granular form; verify by shaking the containers.

This revised FORM will be implemented on April 1, 2017

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



SHADY GROVE MEDICAL CENTER LAB

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	162	INO	IN/A	Comment
1.0	HOUSEKEEFING				
1.1	Are the area floors free of oil, liquids or other				
1.1	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?				
	Are all unneeded materials and equipment				
1.4	removed from the work areas (i.e. clutter				
	reduction)?				
	Are any supplies or equipment sitting on the				
1.5	floor?				
	Are any stored materials within or less than 18				
1.6	inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
	Has all scheduled decontamination of equipment				
2.1	and work surfaces been performed as required?				
	(Work surface must be decontaminated at the				
	Are all biosafety cabinets-functioning properly				
2.2	(including the alarm)?				Micro only
	Have all biosafety cabinets been certified as				,
2.3	required?				
0.4	Are all electrical cords on equipment unfrayed,				
2.4	and properly secured to an outlet?				
0.5	Are any electrical cords placed through a wet				
2.5	environment, or over a hot surface?				
2.6	Are any pieces of permanent equipment being				
2.0	powered though 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,				
3.1	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				
0т	worksite?				
	Have all personnel handling chemicals in your				
3.5	worksite reviewed the MSDS for the chemicals				
	they work with?				

4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A		Comments
4.1	Audit minumum of one storage area, refrig or frz					
4.1	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					
	Is the non-disposable PPE in good working					
5.2	condition?					
5.3	Are employees using the PPE as required?					
6.0	WORK SITE	Yes	No	N/A		Comments
	Are fire extinguishers available, charged and					
6.1	inspected?					
0.0	Are all fire exits clearly marked and					
6.2	unobstructed?					
6.3	Is the first aid kit stocked with the required					
0.3	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					
	Is the Safety Manual available and do employees					
6.7	know the location of the manual?					
	Are MSDS for all chemicals used in the area					
6.8	available for employees, and do the employees					
	know the location of the MSDSs?					
	Are spill kit products/contents acceptable?					
6.9	Contents should be free flowing in granular form;					
	verify by shaking the containers.					
7.0	WAŚTÉ	Yes	No	N/A		Comments
	Is waste in the laboratory/phlebotomy areas					
7.1	placed in the proper receptacle?					
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Date	Problem
	ID/Location:					
	ID/Location:					
	ID/Location:					
	ID/Location: Check under sink	V	Al -	NI/A		Composito
9.0		Yes	No	N/A		Comments
9.1	Paper towels stored under sink					
9.2 9.3	Reagents stored under sink Soap & hand lotion stored under sink					
10.0	Biohazard Waste	Yes	No	N/A		Comments
10.0	Boxes filled 3/4 full	162	140	IV/A		Comments
10.1	All boxes are covered					
10.2	All lids are clean and well maintained					
10.4	Waste is being removed daily					
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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 extiguisher				
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 chemistry				
1 .2.1	in asc chemistry				
12.2	In use hematology				
-	· · · · · · · · · · · · · · · · · · ·				
12.2	In use hematology				
12.2 12.3	In use hematology In use coagulation				
12.2 12.3 12.4	In use hematology In use coagulation In use urinalysis				
12.2 12.3 12.4 12.5	In use hematology In use coagulation In use urinalysis In use microbiology				
12.2 12.3 12.4 12.5 12.6	In use hematology In use coagulation In use urinalysis In use microbiology In use blood bank				

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WASHINGTON ADVENTIST LAB

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?				
	Are all unneeded materials and equipment				
1.4	removed from the work areas (i.e. clutter				
	reduction)?				
1.5	Are any counties or equipment sitting on the floor				
	Are any supplies or equipment sitting on the floor? Are any stored materials within or less than 18				
1.6	inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.0	Has all scheduled decontamination of equipment	res	NO	IN/A	Comments
2.1	and work surfaces been performed as required?				
۷.۱	(Work surface must be decontaminated at the				
	Are all biosafety cabinets- functioning properly				
2.2	(including the alarm)?				Micro only
	Have all biosafety cabinets been certified as				l l l l l l l l l l l l l l l l l l l
2.3	required?				
	Are all gas cylinders secured to a permanent				
2.4	secure surface?				
	Are all electrical cords on equipment unfrayed,				
2.5	and properly secured to an outlet?				
	Are any electrical cords placed through a wet				
2.6	environment, or over a hot surface?				
0.7	Are any pieces of permanent equipment being				
2.7	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,				
3.1	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?				
0 -	Have all personnel handling chemicals in your				
3.5	worksite reviewed the MSDS for the chemicals				
	they work with?				

4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A		Comments
4.1	Audit minumum of one storage area, refrig or frz					
4.1	Location:					
4.2	Are all products labeled with open & expiration					
	dates?		NI-	N1/A		0
5.0	PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A		Comments
5.1	Is PPE as follows available for employee use in					
0.1	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?					
<u> </u>	Is the first aid kit stocked with the required					
6.3	materials ?					
	Are all safety showers clearly marked and					
6.4	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 exposure protocol Chemical spill protocol					
	Emergency numbers					
	Is the Safety Manual available and do employees					
6.8	know the location of the manual?					
	Are MSDS for all chemicals used in the area					
6.9	available for employees, and do the employees					
	know the location of the MSDSs?					
	Are spill kit products/contents acceptable?					
6.10	Contents should be free flowing in granular form;					
	verify by shaking the containers.					
7.0	WASTE	Yes	No	N/A		Comments
7.1	Is waste in the laboratory/phlebotomy areas					
	placed in the proper receptacle?	X	Data	Data	Data	Ducklass
8.0	EYEWASHES (checked weekly) ID/Location: Core Lab	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 extiguisher				
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
12.0 12.1	In use chemistry	Yes	No		Comments
		Yes	No		Comments
12.1	In use chemistry	Yes	No		Comments
12.1 12.2	In use chemistry In use hematology	Yes	No		Comments
12.1 12.2 12.3	In use chemistry In use hematology In use coagulation	Yes	No		Comments
12.1 12.2 12.3 12.4	In use chemistry In use hematology In use coagulation In use urinalysis	Yes	No		Comments
12.1 12.2 12.3 12.4 12.5	In use chemistry In use hematology In use coagulation In use urinalysis In use microbiology	Yes	No		Comments
12.1 12.2 12.3 12.4 12.5 12.6	In use chemistry In use hematology In use coagulation In use urinalysis In use microbiology In use blood bank	Yes	No		Comments

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GERMANTOWN EMERGENCY CENTER LAB

Monthly Department Audit Form

nspector	Date of inspection:
Department name/number: 6713860	Audit for (Month/Year)

Number	Question	Yes	No	N/A	Comment
1.0	HOUSEKEEPING	163	110	14/7	Comment
1.0	HOUSEKEEFING				
4.4	Are the area floore from of all liquids or other				
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				
1.2	prevent breakage?				
1.3					
1.5	Are exit isles and walkways clear of obstructions?				
	Are all unneeded materials and equipment				
1.4	removed from the work areas (i.e. clutter				
	reduction)?				
	Are any supplies or equipment sitting on the				
1.5	floor?				
	Are any stored materials within or less than 18				
1.6	inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.0		162	NO	IN/A	Comments
0.4	Has all scheduled decontamination of equipment				
2.1	and work surfaces been performed as required?				
	(Work surface must be decontaminated at the				
2.2	Are all biosafety cabinets functioning properly				
	(including the alarm)?				
2.3	Have all biosafety cabinets been certified as				
2.3	required?				
0.4	Are all electrical cords on equipment unfrayed,				
2.4	and properly secured to an outlet?				
	Are any electrical cords placed through a wet				
2.5	environment, or over a hot surface?				
	Are any pieces of permanent equipment being				
2.6	powered though an extension cord?				
2.7	Are any outlets overloaded?				
3.0	HAZARDOUS SUBSTANCES	Yes	No	N/A	Comments
3.0	Do all containers of chemicals have legible, clear,	162	NO	IN/A	Comments
3.1					
	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				
ა.∠	correct orientation?				
3.3	Is safety cabinet inventory posted?				
	Are MSDSs available for all chemicals in your				
3.4	worksite?				
	Have all personnel handling chemicals in your				
3.5	worksite reviewed the MSDS for the chemicals				
0.0	they work with?				
4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A	Comments
4.0	INLAGENTO, QC α CALIDRATORO	162	140	IV/A	Comments
4 4	Audit minumum of and storage area, refrig or fr-				
4.1	Audit minumum of one storage area, refrig or frz				
	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				
F 2	condition?				
5.3 6.0	Are employees using the PPE as required? WORK SITE	Yes	No	N/A	Comments
0.0	Are fire extinguishers available, charged and	162	NO	IN/A	Comments
6.1	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?				
	Are the following procedures and information				
6.6	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?				
	Are MSDS for all chemicals used in the area				
6.8	available for employees, and do the employees				
	know the location of the MSDSs?				
	Are spill kit products/contents acceptable?				
6.9	Contents should be free flowing in granular form;				
7.0	verify by shaking the containers. WASTE	Yes	No	N/A	Comments
7.0	Is waste in the laboratory/phlebotomy areas	res	NO	IN/A	Comments
7.1	placed in the proper receptacle?				
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Problem
0.0	ID/Location:	Date	Date	Date	Troblem
	, 2000.1011				
9.0	Check under sink	Yes	No	N/A	Comments
9.1	Paper towels stored under sink	100	1.10	1.77	
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		<u> </u>		
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		ļ		
11.2	RACE				
11.3	PASS		<u> </u>		
11.4	To locate nearest fire pull box		<u> </u>		
11.5	To locate nearest fire extiguisher		<u> </u>		
11.6 11.7	To demonstrate use of the nearest eyewash To locate the spill kit				
12.0	PPE	Vac	Mc		Comments
12.0 12.1	In use within department	Yes	No		Comments
12.1	Other:	1	 		_
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